REPORT RESUMES

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EVENING GUIDANCE CENTERS FOR DISADVANTAGED PUPILS OF PUBLIC AND NONPUBLIC SCHOOLS.

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THE OBJECTIVES OF THE PROJECT WERE--(1) TO PROVIDE CLINICAL AND GUIDANCE SERVICES IN 137 EVENING CENTERS IN SELECTED PUBLIC SCHOOLS IN DISADVANTAGED AREAS OF NEW YORK CITY, AND (2) TO HOLD A COMPLEMENTARY TEACHER-TRAINING PROGRAM IN ORDER TO IMPROVE THE MENTAL HEALTH AND EDUCATIONAL-SOCIAL STABILITY OF SCHOOL CHILDREN IN THESE AREAS. EXPERIENCED GUIDANCE COUNSELORS, SOCIAL WORKERS, PSYCHOLOGISTS, AND PSYCHIATRISTS SERVICED 5,754 PUPILS FOR 32,611 SESSIONS AND INTERVIEWED 8,894 PARENTS FOR 24,924 SESSIONS. SERVICES INCLUDED DIAGNOSIS, EDUCATIONAL AND VOCATIONAL GUIDANCE, PARENT COUNSELING, AND TEACHER CONSULTATION. THIS EVALUATION OF THE PROJECT WAS CONDUCTED BY A COMMITTEE OF SIX PSYCHOLOGISTS AND GUIDANCE SPECIALISTS EXPERIENCED IN THE PROBLEMS OF DISADVANTAGED URBAN COMMUNITIES. AT RANDOM CENTERS, THEY OBSERVED, COLLECTED DATA THROUGH QUESTIONNAIRES, AND INTERVIEWED STAFF MEMBERS, HEADS OF THE SCHOOLS INVOLVED, AND PARENTS. THEY CONCLUDE THAT THE CENTERS SHOULD BE CONTINUED BECAUSE OF MARKED IMPROVEMENT IN PUPIL ADJUSTMENT AND BEHAVIOR IN THE HOME, SCHOOL, AND PEER RELATIONS AND BECAUSE OF INCREASED TEACHER UNDERSTANDING OF THE SPECIAL NEEDS OF DISADVANTAGED CHILDREN. IN ORDER TO IMPROVE THE PROJECT, THEY RECOMMEND SPECIAL TRAINING TO PREPARE PERSONNEL, LANGUAGE TRAINING FOR STAFF IN AREAS WHERE ENGLISH IS A SECOND LANGUAGE, MORE RECRUITING OF SKILLED PERSONNEL, AND THE SOLVING OF FUNCTIONAL AND COMMUNICATION PROBLEMS. (AUTHOR/RD)

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EVALUATION OF NEW YORK CITY TITLE I EDUCATIONAL PROJECTS 1966-67

EVENING GUIDANCE CENTERS FOR DISADVANTAGED PUPILS OF PUBLIC AND NONPUBLIC SCHOOLS

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September 1967

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EVENING GUIDANCE CENTERS FOR DISADVANTAGED PUPILS OF PUBLIC AND NONPUBLIC SCHOOLS

Dorothy Davis Sebald

Evaluation of a New York City school district educational project funded under Title I of the Elementary and Secondary Education Act of 1965 (PL 89-10), performed under contract with the Board of Education of the City of New York for the 1966-67 school year.

Committee on Field Research and Evaluation
Joseph Krevisky, Assistant Director
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September 1967

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I DESCRIPTION OF PROJECT*

Under Title I of the Elementary and Secondary School Act of 1965, the Board of Education of the City of New York was empowered to provide an integrated program of clinical and guidance services for pupils in public and nonpublic schools in disadvantaged areas. The program was designed to offer professional clinical and guidance services similar to those offered to public school pupils in disadvantaged areas in New York City, with policies, practices, and procedures in accordance with those detailed in the manuals and other published statements of two bureaus of the Board of Education: the Bureau of Child Guidance, and the Bureau of Educational and Vocational Guidance.

The public and nonpublic schools selected for inclusion in this project, entitled ESEA Title I, Evening Guidance Centers for Disadvantaged Pupils of Public and Nonpublic Schools, are in attendance areas with a high concentration of low income families and enroll many disadvantaged children who require special educational services.

The broad objectives of the project were to provide clinical and guidance services to disadvantaged children in centers where such services could be provided by professionally trained personnel and to have classes conducted by personnel skilled in teacher training and knowledgeable in the areas of psychology, social work, psychiatry, and guidance. These sessions were planned to develop and foster the understanding of good mental health practices by teachers in the nonpublic schools.

The center operations were designed to meet the needs of pupils in disadvantaged areas and emphasized educational achievement, motivation, personal adjustment to family and community, development of the concept of self-worth, and wholesome mental health. Clinical and guidance services were provided by three types of activity:

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*This section is an abridged version of the Project Proposal prepared by the Board of Education of the City of New York.

1. Teacher training courses offered in centrally-located public school buildings by personnel from the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance for staff members of participating nonpublic schools.
2. Clinical and guidance centers established in the designated public schools to provide clinical and counseling services.
3. Orientation for both the staffs of the nonpublic schools and the professional personnel of the centers, designed to acquaint them with the program and the needs of the population to be served.

Each evening center, operating from 6 P.M. to 9 P.M. for three evenings a week, was to have been staffed with two guidance counselors, one school social worker, one part-time psychiatrist, one school secretary, and one school aide. One of the professional members of the clinical and guidance staff was designated as center coordinator. Field supervision was provided by 13 supervisors of school social workers, 13 supervisors of school psychologists, nine supervisors of guidance counselors, and one school secretary. Personnel provided for the central administration of the program were one project guidance coordinator, one project clinical coordinator, two stenographers, one typist, and one senior clerk.

Teacher training sessions were conducted at centers in the five boroughs. Eight instructors from the Bureau of Child Guidance and eight instructors from the Bureau of Educational and Vocational Guidance were designated to conduct a total of 400 sessions of three hours each. A supervisor from each bureau was charged with orienting the instructors and coordinating the program. Seventy-five hours of secretarial help were provided for the teacher training program.

The proposal indicated that emphasis would be placed on improved communication to center staffs and to public and nonpublic schools concerning the objectives and goals of the project; improved orientation to foster closer articulation between centers and public and nonpublic school staffs; provision for inter-visitation among staffs, case conferences, and group meetings involving members of both groups. Records and reports were included as an essential procedural function of the project, and were to follow established forms. Each member of the professional clinical and guidance team maintained a daily log of his activities which served as a summary of the activities of the center. In addition, records of questionnaires and interviews with pupils, teachers, administrators, supervisors, parents, and others were maintained. The facilities used by the center were those available in the public schools for their ongoing guidance activities.

An evaluation was included as an integral part of the project. The Center for Urban Education, an established educational research agency, was designated for this function. Final plans for this evaluation were submitted to State and Federal authorities to become a part of the proposal. As guides for the evaluation of this project, the proposal suggested the following activities: 1. observation of facilities and equipment provided, the professional climate of the center, the interaction of staff members, the type and extent of record keeping and the overall operation of the center; and 2. gathering of information by interviews and questionnaires.

The evaluating team, experienced in clinical and guidance procedures and in the supervisory aspects of these disciplines, was charged with observing the functioning of this project with a view toward providing a judgment of its effectiveness.

II EVALUATION DESIGN

The Center for Urban Education appointed a committee charged with the responsibility of observing, describing, reporting, and evaluating the clinical and guidance services provided for disadvantaged pupils in public and nonpublic schools in New York City. The committee consisted of persons professionally trained in educational or clinical psychology, experienced in research, and presently or formerly engaged in supervisory or administrative capacities. All have had close contact with clinical counseling agencies and have been engaged in higher education of guidance counselors and/or psychologists.

The evaluation design, submitted to the Center for Urban Education for information and approval, was presented at a joint meeting of the committee and representatives of the Center for Urban Education, the Board of Education, and the Bureaus of Child Guidance and of Educational and Vocational Guidance.

I. Objectives

A. To ascertain whether the actual implementation of the project fulfilled the objectives of the project proposal as listed below.

Objectives of the Evening Guidance Centers:

1. To improve verbal and nonverbal functioning
2. To improve the children's self-image
3. To reduce disciplinary problems
4. To improve the children's emotional and social stability
5. To improve the children's educational functioning and contribute to their academic advancement
6. To develop and foster the understanding of good mental health practices by teachers in nonpublic schools
7. To promote children's adjustment to family and community.

B. To ascertain whether the operation of the centers was in accordance with the procedures outlined in the project proposal.

C. To ascertain the degree to which the services provided by the centers matched the expectations of the principals of the participating schools in meeting the needs of their pupils.

D. To ascertain the extent to which the teacher training program met the objectives outlined in the project proposal for this aspect of the project.

E. To evaluate the degree of understanding and cooperation between center staffs and staffs of the participating schools.

F. To discover strengths and weaknesses of the program.

G. To report objectively the findings obtained through observation, interview, survey, and study.

H. To suggest and recommend possible changes in implementation of the project with the view of emphasizing strengths and correcting weaknesses.

II. Methodology

A. Evaluation Instruments. The committee employed certain evaluative devices on a sampling basis, and some on the entire population participating in the project.

1. The instruments planned to be sent to all participants included:

a. a questionnaire developed to obtain scaled reactions to all aspects of the project with separate forms designed specifically for

1. center coordinators
2. center staff members
3. principals of participating schools
4. teachers in participating schools
5. project supervisors

b. a questionnaire designed to obtain scaled reactions to the teacher training program. (N.B. Responses from the questionnaire designed by the director of the teacher training program for use in evaluating the program were analyzed by the committee for its report, thus sparing the teachers duplication of effort.)

c. scales to be completed during a class session of the teacher training program; the same scales to be administered to comparable samples of teachers in public and nonpublic schools who did not participate in the program. (This scale was not developed.)

2. Instruments to be used on a sampling basis included:

    a. a school observation schedule designed to aid in evaluation of the educational and social climate of a school

    b. interview guides designed for

        1. center coordinators
        2. center staff members
        3. principals
        4. teachers
        5. parents
        6. children

B. Observations. A randomly selected sample of evening centers were visited to observe the facilities and equipment provided, the professional climate, the interaction of staff members, the type of pupil served, the type and extent of record keeping, and the overall operation of the center.

The participating schools that referred children to these centers were visited, both while the schools were in operation and after school hours. Although these visits to the participating schools were for the primary purpose of interviewing principals and school staff members, there was opportunity for observing the facilities and equipment, the type of children attending the school, differences in religious and/or cultural mores, and the educational and social climate.

C. Interviews

1. Principals and teachers of selected participating schools were interviewed.

    a. to gain information concerning their expectations of the needs of pupils in their schools, and their experience with and knowledge of the clinical and guidance services available

    b. to ascertain the perceived effect of the project upon clinical and guidance services provided to children in their schools

    c. to ascertain the degree of awareness of the parents and of the local community concerning the services available

    d. to ascertain the effects anticipated and received on both pupils and teaching staffs through participation in the project.

2. The professional staff members of sampled centers were interviewed to obtain their perceptions of the structure, organization, and operation of the center to which they were assigned; their evaluation of the contribution made by the center to the emotional, social, and educational adjustment of the pupils served; their evaluation of the contribution of the center to the participating schools, and the center's involvement with and contribution to the parents of the pupils from participating schools.

D. Supplemental Data. Provided in large measure by the Project Directors, and directors of the Bureau of Educational and Vocational Guidance and the Bureau of Child Guidance.

1. Number and location of proposed and actual centers, with reasons for difference in number
2. Number and locations of proposed and actual participating schools, with reasons for difference in number
3. Staffing of each center
4. Number of children receiving service with the following information for each:
    a. source of referral
    b. presenting problem
    c. service rendered
    d. socioeconomic status
    e. disposition of case
5. Number and type of parent contacts made
6. Number of contacts between staffs of centers and participating schools
7. Description of the various services provided at each center
8. Number and location of teacher training centers.

III DESCRIPTION OF INSTRUMENTS USED

The evaluation committee designed five instruments to be used in the collection of data:

1. Observation Guide for Evening Centers
2. Interviewing Guide for Use with Nonpublic School Administrators
3. Questionnaire for Evening Center Personnel
4. Questionnaire for Nonpublic School Principals
5. Questionnaire for Supervisory Personnel

Copies of these instruments appear in Appendix B of this report.

As a means of observing evening centers in operation and interviewing evening center personnel, the committee visited a random sample of approximately 13 per cent of the centers which operated as part of this project. The first two instruments listed above were designed to assist the committee members on these field visits and to provide a uniform way of collecting data.

The Observation Guide for Evening Centers was designed to assist the field visitor in reporting his observations of the working environment for the project personnel; the facilities and equipment provided; the services offered and activities engaged in by staff members; the interaction of staff members; the type of pupil referred to the center; the professional climate of the center; the type and extent of record keeping; and the overall operation of the center. During these field visits the evaluation committee interviewed project personnel assigned to the centers. In addition to items in the Observation Guide for Evening Centers the committee sought to discover the staffs' perceptions of the project.

In addition to center visits the committee visited a random sample of approximately 20 per cent of the participating schools. The committee members observed the type of pupil attending the school; the religious and/or cultural mores of the schools and its population; and the overall school atmosphere. During these field visits the committee interviewed the principals and several of the teachers from the participating schools. The Interview Guide for Use with Nonpublic School Administrators was used as a guide for these interviews. The interviews were designed to assist the interviewer in reporting on the principals' and classroom teachers' perceptions of the structure, organization, and operation of the evening center project; the clinical and guidance needs of the pupils in the participating schools; and the contributions made by the project toward meeting those needs.

QUESTIONNAIRE SURVEY

As another part of the evaluation process the committee sent questionnaires to the principals of the participating schools; to the professional staff members employed in the evening center project; and to all supervisory and consulting personnel. Copies of these questionnaires appear in Appendix B.

The questionnaires were designed to discover the perceptions of the evening center program which were held by the principals, professional staff members, supervisors, and consultants. Specifically the evaluation committee was interested in their perceptions of articulation and communication between the evening center and participating school; the working environments and facilities; services offered and accepted; presenting problems of pupils which led to referral; cooperation of staff and the availability of supervision; and the results of the program and contributions it made to the pupils.

The questionnaires were designed in parallel format providing opportunity for comparison of the perceptions of different disciplines on identical items. Items were weighted to give opportunity for indicating degrees of agreement or disagreement, thus producing more precise data. The questionnaire was distributed for the committee by the Center for Urban Education, using lists provided by project personnel representing the Board of Education. Each professional evening center staff member, supervisor, and participating school principal was sent a questionnaire with a stamped envelope addressed to the Center for Urban Education. Tables 1 and 2 are a summary of the returns received by the committee.

TABLE 1

PRINCIPALS' RESPONSE

Number of Participating Principals	Number of Returned Questionnaires	Percentage of Response
184	114	62

TABLE 2

PROFESSIONAL STAFF MEMBERS' RESPONSE

Evening Center Staff Member	Number in Program	Number of Responses	Percentage Response
Guidance Counselors	252	130	53
Social Workers	145	41	28
Psychologists	92	22	24
Psychiatrists	12	5	36
Supervisors (G.C.)	25	14	56
Supervisors (S.W.)	10	7	70
Supervisors (Psych.)	5	3	60
TOTAL	541	222	41

One hundred and fourteen of the nonpublic school principals responded to the questionnaire. This return represented 62 per cent of the nonpublic schools that were eligible to participate in this project.

Two hundred and twenty-two of the professional staff involved in the evening centersresponded to the questionnaire. This return represented 60 per cent of the supervisory personnel, 53 per cent of the counselors, 36 per cent of the psychiatrists, 28 per cent of the social workers, and 24 per cent of the psychologists involved in the program. It should be noted that not all of the 541 professional staff members surveyed were in the program at any one time. Several were no longer involved in the project when the questionnaire survey was made.

The responses of staff members and principals to each questionnaire items are shown as weighted averages in the tables in Appendix A of this report.

In responding to the questionnaire, each respondent was given five possible response options. They were as follows:

Code					
0	not applicable	cannot respond	insufficient knowledge		etc.
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Some of the questions required a qualitative response (good, fair, excellent), while others required a quantitative one (never, in several cases, etc.). The response "0" was used for "insufficient knowledge," "not applicable," or "cannot respond" type of replies.

The weighted average for each questionnaire item was computed for each discipline, thus indicating the differences among the perceptions of coordinators, counselors, social workers, psychologists, supervisory personnel, and principals on these items. The range of weighted averages was between 1.0 and 4.0. The weighted average also indicates the perceptions held by each of the disciplines on the degree in which each activity was engaged, or the success or lack of success of the activity.

Further knowledge of the perceptions of the project staff and the participating school principals was obtained from the open-ended questions at the end of each questionnaire. These responses are reported in an appropriate section of the committee's findings (IV).

IV FINDINGS

A. Implementation

General Considerations

The implementation of this project was facilitated by experience gained during the spring of 1966, when a pilot project of the same general design was in operation for a three-month period. During operation of the pilot project knowledge had been gained of organization, staffing, working environments, interaction of staff and nonpublic school personnel, routines and procedures, and services most significant and valuable to pupils, and this knowledge was used to ease the implementation of the 1966-67 project.

The present project was designed to provide an integrated program of clinical and guidance services in an evening program for 134,501 pupils attending 137 public schools and 95,165 pupils attending nonpublic schools. These services were to be held on the premises of 137 public schools from 6 P.M. to 9 P.M. three nights a week. The centers were to function on a casework basis, serving individual pupils referred to the center because of special problems. The present project differed from the pilot project principally in the inclusion of disadvantaged children from public schools in which evening centers were located -- an innovation which proved to be of demonstrable value in activating participation of parents of public school pupils.

Although the basic considerations determining the effectiveness of the operation of the evening centers have been detailed in the final report of the 1966 project operation, some are still of sufficient significance and importance to the present project to be repeated here. The first of these considerations was the degree of acceptance which could be expected from the nonpublic schools of the clinical and guidance services offered at the centers. Most of the nonpublic schools were parochial schools of various religious denominations. There was concern among some of the denominations that pupil participation in the services offered in public school buildings by public school staffs might serve to attenuate the cultural and religious teachings of the denominational schools, and that parents of the pupils might be reluctant, or refuse, to avail themselves of the services.

Some of the leaders of the various denominations indicated that center staffs, although possessing the professional skills of their disciplines, might have incomplete knowledge and understanding of the religious and cultural backgrounds of the children from these schools and, therefore, be unable to help them maximally. The location of centers, to be discusses more fully later, also was of basic importance to the effective use of the center. Pupils from some of the nonpublic schools live in "contained" communities, and a public school even as close as two city blocks is a long distance away culturally. Others attended a school in one disadvantaged area but lived in another disadvantaged area at considerable distance. Both parent and child found traveling from home to evening center to be arduous in such circumstances.

Another basic consideration, actually arising tangentially from the success of the pilot project, was the question of the type of service to be offered by the center. As the value of the centers' services to individual children filtered back to the nonpublic schools, parents became more willing to allow their children to be referred. These referrals, however, were limited sometimes, and the children referred for a particular service "only." Thus arises the policy question concerning who is to determine the kind and scope of service given a pupil -- the professional staff, working within the framework of the policies formulated by the Board of Education through its bureaus, or the nonpublic school administrators working within the framework of cultural and religious philosophies.

This project was designed to provide psychological, psychiatric, social work, and guidance services to 95,165 children attending nonpublic schools and to pupils from the 137 public schools in which centers were located. Of the 137 proposed centers, 125, or 91 per cent, were in operation at the close of the school year. The closing of 12 centers was caused by lack of utilization of the centers.

In addition to the clinical and guidance services offered at the centers, a teacher training program for teachers of the nonpublic schools was conducted by specialists from the two bureaus. This aspect of the evening center program is described and evaluated later in this section.

Mrs. Marion Fullen, representing the Bureau of Educational and Vocational Guidance, and Dr. Richard Johnson, representing the Bureau of Child Guidance, were responsible, as co-directors, for organizing the centers and implementing the services to be offered. Their professional competence, educational and psychological sophistication, skill in interpersonal relationships, and dedicated leadership made it possible for the professional staffs to function effectively and to provide the services which led to the success of the project.

The project, as designed, presupposed the willingness and ability of two educational entitities -- the public and nonpublic schools -- to work together cooperatively toward the common goal of providing clinical and guidance services in a nonpublic school setting. The pilot project had proved that when problems were explored mutually with a minimum of resentment or rancor, and with open-mindedness, it was possible for them to be resolved to a degree where working relationships were maintained and where implementation of the program could go forward. Therefore, when problems of articulation, communication, scheduling, housing, staffing, or services occurred, a precedent for their resolution had been established, and problems were fewer, less serious, and more easily solved.

Concepts of the value of types and scope of helping services may differ if opposing or antithetical philosophies are held by leaders of the nonpublic schools, parents, members of the communities in which the children live, professional workers, or society-at-large. The question arises, then, as to how growth, development, adjustment, and learning of pupils can be evaluated and by whom such an evaluation should be made. The relative values of clinical and guidance services for children from differing environments cannot be computed statistically, nor even in terms of specific "change." Often what appears to the professional worker to be increased adjustment and growth of a pupil may be viewed by a parent or school administrator as deepened maladjustment. Conversely, what appears to parent or school administrator to be increased adjustment to home or school may be viewed with alarm by the professional worker.

The value of the services to the pupil then must be considered in various ways: his functioning in home, school, and community; his increased self-esteem; increased learning ability; increased knowledge of the worlds of education and work; and increased ability to relate effectively to his peers and to the adults in his life situation. Best able to sense, observe, and gain some measure of these factors are the persons most closely involved with the child -- parents, teachers, school administrators and professional workers. Since no precise, objective measures applicable to these widely differing children could be devised for this study, it was necessary for the evaluation committee to rely on the judgments of these persons as to whether changes in a positive direction (as they viewed it) actually had occurred in individual children or groups of children.

Disadvantaged urban children vary as widely as do all urban children -- in patterns of culture, intelligence, sophitication, personality traits, religion, language, health, life style, parental attutides, level of aspiration, academic achievement, motivation, home training, and self-control. The degree to which any program can be implemented to effect measureable positive change in more than 200,000 children in such intangible areas as mental health, self-image, school attitudes, and emotional and social stability is questionable.

The committee found, however, that participating school staffs and professional workers alike were keenly sensitive to the need to accommodate to differences, strove to understand more fully the philosophy and life goals of the children and parents who participated in the program, and exerted great effort in attempting to meet the objectives of the program as they understood them. There seemed to be agreement among participants that maximal latitude within bureau policy should be given to administrators of nonpublic schools and to parents in ways in which they could best use the services provided by the evening centers. A question should be raised here of the need for extended discussion between the leaders of the nonpublic schools and the designers of future projects to ensure that program goals and objectives are specific and are attainable within the outline of the project; and to ensure that allowances for differences in attitudes toward the type and use of services are incorporated in the projects during the planning stages. Possible variations of implementation of the program should be investigated.

STAFFING PATTERNS

The project proposal was designed to provide clinical and guidance services to more than 200,000 children from nonpublic and public schools. In order to provide these services the proposal called for a total of 584 counselors, psychologists, social workers, and supervisors. In actual practice, 529, or 90 per cent, of these positions were filled. The most severe shortage was in the area of school psychology, where only 67 per cent of the positions were filled.

Each center offering these services was designed to be staffed with two guidance counselors, one school social worker, one school psychologist, one part-time school psychiatrist, one school secretary, and one school aide. One of the professional members of the staff was designated as center coordinator. Field supervision for these staffs was to include 13 supervisors of school psychologists, and nine supervisors of guidance counselors. The evening center proposal also called for these 584 persons to work 51,200 three-hour sessions. In actual practice, 34,854, or 68 per cent, of the three-hour sessions were held. The severe shortage of psychologists is evident again; only 41 per cent of the anticipated sessions were held.

The proposal provided that each of the 137 evening centers be in operation three evenings each week. It was found that some centers were not used to capacity; therefore, these centers were either closed or the number of evenings of service was reduced. Of the 137 proposed centers, 125, or 91 per cent, were in operation at the close of the school year. Of the centers remaining, the majority were in operation three evenings a week, others operated two evenings a week, and a few were in operation only one evening a week.

Understaffing of the evening centers, in terms of the project proposal, was caused by a number of factors. It is difficult to recruit social workers and psychologists for projects of this kind because of the very real shortage which exists in these professional fields and because many social workers and psychologists engage in private practice and find this more rewarding financially than participating in projects. In addition, many professional workers do not wish to engage in activities that follow a full day of work. Finally, since these positions are part-time, there is difficulty in recruitment.

Recruitment for this project was accomplished by word-of-mouth, by notices placed in bureau publications, by notices sent to professional organizations, by notices sent to schools, and by personal contact. Many positions were filled while the project was in operation; some evening centers were staffed when other centers were closed or reduced their evenings of operation.

The project proposal called for professional workers trained and qualified to perform the services for which they were employed. All satisfied the licensing requirements of regularly employed workers involved in the implementation of the project. The following Tables 3 and 4 show the proposed and actual number of professional workers with the proposed and actual number of sessions for each discipline.

TABLE 3

IMPLEMENTATION OF STAFFING PATTERNS FOR EVENING CENTERS - PERSONNEL

Position	N Personnel Proposed	N Personnel Employed	Percentage of Personnel Employed
Guidance Counselors	276	252	91
Social Workers	138	145	105
Psychologists	138	92	67
Supervisors (G.C.)	8	25	312
Supervisors (S.W.)	12	10	83
Supervisors (Psych.)	12	5	42
Psychiatrists	--[a]	12[b]	--
TOTAL	584	529	91

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[a] Not stated

[b] Not used in totals.

TABLE 4

IMPLEMENTATION OF STAFFING PATTERNS FOR EVENING CENTERS - THREE-HOUR SESSIONS

Position	N Sessions Proposed		N Sessions Held	Percentage of Sessions Held
Guidance Counselors	24,000		20,590	86
Social Workers	12,000		8,467	71
Psychologists	12,000		4,932	41
Supervisors (G.C.)	800	3,200	865	27
Supervisors (S.W.)	1,200			
Supervisors (Psych.)	1,200			
Psychiatrists	7,400 (hours)[a]		3,459 (hours)[a]	47
TOTAL	51,200		34,854	68

[a] Not used in totals.

One of the difficulties encountered by the Bureau of Child Guidance in recruiting staff for the evening centers was the policy which required that no psychologist may be employed for evening center service who is not licensed by the Board of Examiners. This precluded use of some psychologists who were trained and qualified but who had not been licensed for employment, and seriously limited the number of possible staff members.

An aide was assigned to each evening center, originally in terms of a guard, later in terms of a nonprofessional worker. In many instances, the aides performed valuable service as interpreters, receptionists, or general helpers. When the aide was a member of the community his value was increased both for providing information for the professional staff and for acting as a liaison person between parent and staff. The committee strongly recommends the use of such aides in future projects, with provision for their orientation to the aims of the project and the functions to be performed.

The center secretaries were an integral part of the evening center staff. Their services in making appointments, helping to maintain records and prepare reports, maintaining files, acting as receptionists, performing clerical duties, and acting as liaison between center staff members often made a smoothly operating center. When the secretary of the center was also the secretary of the school in which the center was located, the operation of the center was enhanced.

The location of the center often influenced the staffing of the center. Usually it was easier to recruit and keep staff in a center located on a busy well-lighted street close to public transportation than in an isolated, dimly lit location at some distance from public transportation.

Despite the experience gained in the pilot project in the spring of 1966, there was still confusion among staff concerning role definition. The specific duties of each discipline, recognized and maintained in an agency setting, often became overlapping in an evening center setting and sometimes resulted in poor staff relationships. These problems could usually be resolved either through discussion or by transfer of a staff member to another center. Usually such misunderstandings of role and function were settled amicably. Generally the professional staff members respected the competence of their co-workers and performed their duties cooperatively.

In a few instances some staff members denied the others access to confidential records and reports concerning pupils, but these instances were not usual. One of the stated values held by the evening center staff was the opportunity to work as members of a team, and transient problems of interpersonal and professional relationships were taken in stride.

Orientation of staff both as to the duties to be performed and as to the community in which they were working is of the utmost importance to the success of the project. Staff selection, where practical in light of recruit-problems, should be made with greatest care, and an attempt made to place in a center staff members who can speak the language or languages of the community or of the parents of the pupils.

Training programs are recommended for staff members assigned to work with nonpublic school pupils and their parents. These are particularly necessary for staff members employed where the cultural, mores, and language of referred pupils and parents differ markedly from the general society of the city. Such training programs might be in terms first of the acquisition of knowledge and understanding of specific cultures and religious philosophies, and the general problems of nonpublic schools, and secondly, of providing instruction in the languages commonly used by the parents and pupils referred to the centers. Such training recommendations presuppose the continuation of the evening center program over a period of years as well as stability of staff employment.

One staff member in each center was assigned the responsibility for coordinating the work of the center. Considerable confusion in the role and function of the coordinator was still in evidence, although many centers had resolved this problem through discussion and common agreement. The role of the coordinator as an administrative one seemed to be the most acceptable to all staff members and most effective in providing appropriate service to pupils. In the few instances observed when the coordinator attempted to assume the role of director or supervisor the effectiveness of the center decreased.

The committee agreed that coordination of staff functions is necessary and that "split" responsibility of staff members should be avoided. This resulted when each member of the staff functioned individually and made no attempt at team functioning. In such instances there was little pooling of information concerning the pupil, treatment was in terms of one discipline only, and service to the pupil was limited.

The role of the coordinator should be defined clearly by the project planners and his functions delineated for all staff members. In many instances the actual role of the coordinator was that of "facilitator" or "contact man" and lessened the contribution which he could make in terms of professional service. The committee recommends that the role of the coordinator should be administrative and clearly separated from professional supervision.

Counselors in the centers were more easily recruited because relatively few engage in private practice and so are available for part-time positions. However, they often are less "usable" in an evening center than in the public schools to which they are assigned, particularly when the evening center assumes the pattern of a mental health clinic. Lack of opportunity to consult with teachers of the pupils and with school administrators reduces the possibility of carrying on their duties as they would in the public schools.

Those who were creative and ingenious devised effective ways of modifying the situation and the procedures of carrying on guidance activities despite the lack of a total school setting; others, less creative, tried to perform their duties in the same manner and to the same extent as in their regular assignment and found the attempts difficult and frustrating. Consideration should be given to pooling new procedures and new techniques for evening center operation and disseminating this information to all center staffs.

The concept of a student personnel approach to evening center operation, as presently being studied and promulgated by the New York State Education Department, should be explored as a possible model. Experiments with different staffing patterns should also be investigated. Various combinations of staff should be tried; different concepts of service be explored and tried under close supervision, scrutiny, and evaluation; and different locations and hours tried to establish staff contribution and efficiency.

Some consideration should be given to the use as interns of doctoral students from appropriate departments in universities. The use of such students would serve to relieve the pressures of understaffing, provide additional service to pupils, and create a resource pool of persons experienced in working in a professional capacity with disadvantaged children.

The supervisors of evening center staffs were persons well qualified for their duties and experienced in supervision either in a school or agency setting. The committee perceived the functioning of the supervisors as appropriate and competent. However, more supervision for clinical staff members was needed, and more delineation of the role, function, and responsibilities of each discipline could have been provided by the supervisors. There seemed to be a need for more center-wide operational supervision of each discipline with provision made for such an activity. Supervisors of the regional supervisors were especially competent professionally and could have provided this service if time and opportunity had been available.

The responses of the evening center staff members and the supervisors working in the evening program to those questionnaire items dealing with staff are reported as weighted averages in Table 4 of Appendix A.

The coordinators of the evening centers and the guidance counselors indicated that the cooperation among the staff and the qualifications of the staff members were both excellent. The social workers, psychologists, and supervisory personnel all felt that the qualifications of the staff were good and that there was good cooperation among them.

The majority of the professional personnel indicated very positive feelings about staff relationships. The isolated problems of personality conflicts that arose were reported to have been resolved by mature, professional handling by supervisory staff or evening center staff, and in the few cases where resolution of differences could not be accomplished, by transfer of workers to other centers. One of the strongest assests of the evening centers, and one that resulted in the most service to pupils, was the opportunity for staff members to work as a professional members of a team with (as stated by one staff member) "minimal bureaucratic red tape."

ARTICULATION AND COMMUNICATION

The designers of the evening center project recognized the need for increased communication between all personnel participating in the program, and the articulation of the evening program with participating day schools, and provisions were made for improved implementation of this aspect of the program. In actual implementation, however, communication and articulation proved to be slow, labored, and difficult to achieve. Some of the reasons for this have been outlined in the section on general considerations of the implementation of the project; others will be discussed here.

The communication between staff members of the evening center was perceived by the center staff members as relatively good. The evaluating committee in their field visits found that communication among staff members varied widely, principally in terms of the individual member's knowledge and understanding of the disciplines.

The actual work of the guidance counselor was often unknown to or imperfectly understood by clinical staff members; in clinically oriented centers this caused some concern as to the function of the counselor in the total program. In centers which were principally guidance oriented, the clinical services were supportive and the staff worked as a pupil personnel team. Communication between participating day school staff and evening center staff was difficult to effect because of differences in working hours and because channels of communication had not been provided. When staff members of centers and those of participating schools initiated and implemented communication channels on an individual basis, communication was excellent and feedin and feedback of information was maximal.

Articulation of the evening centers with the closely related inschool program was in the exploratory stages during the year and because of communication problems seemed to the committee to be one of the weakest areas in implementation of the program. Articulation, or its lack, took many forms. One of these involved the screening of pupils after referral to the evening center. The professional staffs of the nonpublic schools, equally as well trained professionally as their counterparts in the evening centers, felt that their own screening of children should be sufficient for referral acceptance without further screening by evening center staff. However, staffs of some evening centers felt that only children screened at the individual centers were eligible for diagnosis and/or treatment. Some evening centers were willing to honor the screening done by the inschool staff and in turn made arrangements with outside agencies to have their own further referrals so honored by these agencies.

Nonetheless, screening procedures were often repeated twice, which raises issues of duplication of effort, unwarranted and unnecessary use of time which could be used for other children, and professional ethics. During interviews the evening center staffs reported that information from participating schools was inadequate and felt that some provision should be made to have evening center staffs, inschool staffs, and participating school administrators meet together to discuss referral procedures.

Referrals from participating public schools posed no problems. Communication by telephone could be made during school hours concerning public school children, records were uniform and readily available, current information could be fed to the evening center staff without difficulty, and reporting of treatment, diagnosis, and disposition of cases could be made easily by the center staff. Feedback of information from evening center to inschool staff proved to be as cumbersome as referral from inschool to center. The evening center staffs reported difficulty in making contacts with inschool staffs during the evening. There was no opportunity for evening center staffs to visit the participating schools nor to have any except infrequent discussions with teachers.

Evening center staff members reported that lack of uniformity of records from participating schools made referral communication difficult and that lack of reporting forms made reporting difficult as well. Bureau of Child Guidance personnel had less difficulty with referrals and reporting than guidance counselors since Bureau of Child Guidance forms and records are uniform. Feedback from members of this bureau was sometimes scarce because of unwillingness of staff members to share confidential material.

In general the staff members felt that progress toward effective communication and articulation was being made. It was recommended that the evening center staff be allotted time to visit participating schools during school hours, to visit classrooms, to consult with and report to participating school staff, and to observe pupils in their school environments. Planning sessions early in September on an area-wide basis involving evening center staffs and participating school staffs were seen as one means of improving communication and articulation.

The responses of evening center staff members, supervisory personnel, and principals to items on the questionnaire dealing with articulation and communication are reported as weighted averages in Table 1 of Appendix A. These responses differed in some instances from those collected by committee members during field visits.

Principals of participating schools, staff members of the evening centers, and supervisory personnel all indicated that they believed themselves to be aware of the objectives of the program and also that the personnel assigned to evening centers were familiar with the sociocultural background of the student population. Principals, supervisors of psychologists, supervisors of counselors, and coordinators all reported that they were well oriented to the roles that they were expected to perform in this program. Supervisors of social workers, counselors, and psychologists indicated that their orientation was good. Social workers, however, believed that their orientation to this project was only fair.

Principals of the participating schools thought that they understood the aims and procedures of the evening center project fairly well. Supervisors of social workers, coordinators, and counselors believed that the participating school administrators' understanding of the program was moderate, while supervisors of psychologists perceived that the participating school administrators' understanding was fairly limited.

Administrators reported that they had very good contact with staff members of the evening center. Project personnel did not have this perception, with the exception of coordinators who reported that they had good contact with staff members of the participating nonpublic schools. Counselors also felt that this contact was good, but supervisory personnel, social workers, and psychologists indicated that contact with nonpublic school staff members was only fair.

In terms of personal contact between evening center staff members and members of the inschool project, there were again different perceptions. Supervisors of social workers reported that this contact was good. Supervisors of counselors, supervisors of psychologists, and counselors reported contact as being fairly good, while coordinators, social workers, and psychologists felt that there was only fair contact with inschool project personnel.

A similar pattern was observed in terms of communication. Principals and coordinators felt that communication between center staff and staff members of participating nonpublic schools was rather good. The other evening center staff members tended to believe that communication was only good. Evening center staff members rated communication between center staff and staff members of participating public schools between fair and good.

Evening center staff members tended to rate communication between themselves and inschool project personnel quite differently. Supervisors of counselors, supervisors of social workers, counselors, and psychologists felt that there was good communication. However, coordinators and social workers reported that communication was only fair.

Coordinators of the evening centers indicated that the services they offered were planned frequently in cooperation with staff members of participating nonpublic schools. Other staff members reported that the amount of planning with participating nonpublic school personnel was far less extensive. Administrators of the participating nonpublic schools also reported that the services offered were frequently planned in cooperation with staff members from their schools.

In cooperation with inschool project personnel the planning of services to be offered was indicated by counselors and psychologists to be frequent, whereas supervisors of counselors felt that such combined planning efforts resulted more often. However, all other evening center staff members reported that their services rarely were planned in cooperation with members of the inschool project.

All staff members from the evening centers and supervisors of the various disciplines reported that the evening center services rarely were planned in cooperation with staff members of the participating public school. Coordinators of the centers, social workers, and supervisors of counselors indicated that they had very little difficulty in working with staff members of the participating nonpublic and public schools or inschool project personnel. Supervisors of psychologists, supervisors of social workers, and guidance counselors reported otherwise. Evening center personnel in the latter three categories reported that they had some difficulty in working effectively with staff members from participating schools and with the inschool project personnel.

All personnel connected with the evening center project, except social workers and psychologists, reported on the questionnaire that the referral forms used by participating schools were very good, despite their indication to the contrary during interviews. Social workers and psychologists gave a rating of "fair" to referral forms.

WORKING ENVIRONMENT AND FACILITIES

The project design proposed the use of 137 public schools to provide evening guidance centers for disadvantaged children from public and nonpublic schools. On 1 October 1966, the 137 centers opened, many with partial staff. On 1 April 1967, 125 centers were in operation with 18 cut down in time because of under-utilization, and 12 closed for the same reason.

The centers were housed in public schools in disadvantaged areas and located centrally for the schools they served. Efforts were made to have the schools in well lighted areas and close to public transportation. The centers generally used the quarters assigned to guidance personnel in the schools and usually were adequately appointed.

Desks, filing cabinets, and other equipment specified by the project proposal had not been received at the close of the program; however, center personnel utilized facilities provided for the use of the school counselor, social worker, or psychologist; file cabinets were shared; and expendable materials were supplied to the workers.

The location of centers has been a matter of concern to the bureaus involved, to administrators of nonpublic schools, to religious leaders, and to staff members. Under-utilization of centers sometimes is related directly to center location in terms of public school housing, inaccessibility to children and parents, safety, and convenience. Some schools in a community are known as undesirable, and parents will neither allow their children to go to the school for appointments nor go to the school themselves.

Some centers were located in public schools where streets were dimly lighted and few people were on the streets. Particularly in the winter months these streets were dangerous and parents would not keep appointments. When a center location was planned to provide for convenience, safety, and accessibility, the center was almost always well utilized. There are possibilities of minor shifts in location; sometimes a relocation only a few blocks away from the present centers would provide better lighted access and bus routes close to the center.

There seems to be a strange, indefinable aversion to some public schools by parents and children. When centers are located in these schools attendance is minimal. If the center is moved attendance at the center is improved. Relocation of centers which are not utilized should be accomplished area by area, with the cooperation of nonpublic schools. Often nonpublic schools can indicate which locations would be utilized by parents and children.

The hours of operation of the centers have received criticism as well as praise. The hours of 6 to 9 P.M. were selected to provide a time when children could be seen without disrupting after-school recreation; when parents had returned home from work and could be interviewed; when professional workers were available on a part-time basis; and when the hours did not interfere with the children's supper hour. In actual practice this time was not necessarily good. Children who attended a nonpublic school in one area of the city often lived in a far distant area. Often the young child could not come to this area alone after dark, and appointments were not kept. Often the parent, too, refused to travel from his home to a distant part of the city.

Many persons interviewed indicated that the evening center hours were too rigid for effective communication with participating schools. Evening center personnel felt the need for some allotted time during the school day for contacting principals and teachers of participating schools and for contacting outside referral agencies. One of the great assets of the evening center program was that it provided a time when working parents could be interviewed. This was a departure from public school operation and was applauded by professional personnel and parents. It should be possible for the location of centers to be varied in order to discover which factors make one center over-utilized and another one under-utilized.

The same supplies and equipment were ordered for all centers. However, all centers did not desire or use certain equipment while needing different equipment badly. There should be the opportunity to be more selective in ordering supplies to meet the needs of specific schools.

Psychologists' testing kits were received just prior to the close of the centers, necessitating the carrying of heavy equipment by the individual psychologists for most of the year. Materials desired by social workers were not ordered. Some supplies like paper clips, rubber bands, and pencils were in good supply; others like interest inventories, non-spychological tests, and career information were not available.

Principals, the evening center personnel, and the supervisory personnel responded to items dealing with working environments and physical facilities; these responses are reported as weighted averages in Table 2 of Appendix A.

The principals and the evening center personnel believed that the physical facilities provided in the project were conducive to good working environments. The supervisory personnel, on the other hand, tended to rate the working environment as only fairly good.

The principals and most project personnel indicated that the necessary supplies and equipment were available; however, there was a difference of opinion among the psychologists and the supervisors of psychologists. The psychologists indicated that they had ample supplies while their supervisors indicated that only a fair amount was available.

Both principals and project personnel indicated that the location of the centers facilitated contact with pupils. The staff personnel tended to rate this item of greater importance than the supervisors; the supervisors in turn tended to rate this item of greater importance than the principals.

The evening center staff members, the principals, and most supervisory personnel indicated that the evening hours of operation appeared to be conducive for effective contacts with parents and children. The supervisors of psychologists reported that they believed that only fairly effective contact was possible with the children, while they thought that this time was very effective for contact with parents.

On their questionnaire responses the project personnel reported that their daily time schedule was poor for effective contact with public school staff and fair for contact with nonpublic school staff. The supervisory personnel, on the other hand, indicated that their daily time schedule was fair for contacting public school staff members and fairly good for contacting nonpublic school personnel. The principals thought that the evening hours of operation were fairly conducive to effective contacts between center personnel and the nonpublic school staffs. Both the center staff members and the supervisory personnel reported that their daily time schedule was rather ineffective for contact with outside agencies.

On the questionnaire item dealing with weekly time schedules, i.e., the number of evenings per week the center was in operation, a similar pattern appeared. The evening center personnel indicated that their weekly schedule was effective for contacts with children and parents, only fairly effective for contact with nonpublic school staff, and rather ineffective for contact with public school staff. Supervisory personnel had some differences of opinion.

The guidance supervisors thought that their weekly schedule was effective for contact with children and parents. The supervisors of social workers and psychologists reported that their weekly schedule was only fair for contact with children and parents. They further indicated that their schedule was fair for contacting public school and nonpublic school personnel.

The nights chosen for operation received comment from some project personnel. Thursday evenings, as indicated by some persons of Jewish background during interviews, were inconvenient since preparations for the beginning of the Jewish sabbath were observed. Whether attendance of Jewish parents and children on that evening was actually less than other evenings is not known. The important factor is the concern of project planners to meet the needs of all groups.

SERVICES

The central concern of any project designed to provide services to disadvantaged children is the type and scope of the services, the degree of acceptance of the services, and the benefit derived by the pupils from the services. The general considerations of the services offered in this program have been outlined. Here the actual services will be discussed.

The evening clinical and guidance center program was designed to complement the inschool program by providing an agency for referral and more intensive treatment of pupils with problems. Referrals were received primarily from participating public and nonpublic schools; however, in some centers the parents referred themselves and their children. The most frequent reasons cited for referral were disruptive behavior, requests for help in educational planning, and problems of underachievement and learning disabilities.

The evening centers had 6,923 pupils referred for treatment. The nonpublic schools referred 5,250 children and the public schools referred 1,673 children. The center staff actually saw 5,754 pupils in 32,611 interviews for an average of approximately six interviews per client. The center staff also had 24,924 interviews with 8,894 parents or parent surrogates for an average of approximately three interviews each. In addition to working directly with children and their parents, the evening center personnel held a considerable number of conferences with principals of participating schools.

The responses of evening center and supervisory personnel and principals to each item of the questionnaire dealing with perceptions of the services are shown as weighted averages in Table 3 of Appendix A.

Evening center personnel, supervisors of psychologists, and principals indicated that the evening centers provided the diagnosis of the problem of children and consultation with parents. Supervisors of social workers reported that diagnosing problems of children was a service performed frequently but that consultation with parents was very rarely performed. Supervisors of counselors felt that these two services were performed only in a few cases.

Coordinators, guidance counselors, and principals indicated that educational and vocational guidance and counseling with children were two services provided quite frequently in the evening center. Social workers and psychologists felt that these services were provided only in some cases.

Supervisors of psychologists indicated that educational and vocational guidance was done very frequently and counseling with children was done frequently. Supervisors of counselors reported that educational and vocational guidance was done frequently and that counseling with children was done rarely. Evening center personnel, principals, and supervisors of counselors indicated that the two services, consultation with classroom teachers and referrals to other agencies, were performed to a limited extent. Supervisors of psychologists believed that these two services were performed frequently, whereas supervisors of social workers reported that these were done to a limited extent.

Coordinators, guidance counselors, and supervisors of counselors all reported that parent meetings, remedial work, improvement of classroom climate, and therapy were services that were performed in only a few cases. Social workers, psychologists, supervisors of psychologists, and supervisors of social workers reported that therapy was performed often. Social workers, psychologists, supervisors of social workers, and supervisors of psychologists felt that parent meetings, remedial work, and improvement of classroom climate were three services that were performed in a small number of cases.

All evening center personnel reported that group counseling, group guidance, and teacher workshops were services that were provided on a very small scale, while supervisory personnel believed that these services were provided more frequently.

All personnel reported that behavorial problems and emotional disorders were the types of cases handled most frequently in the centers. Coordinators, counselors, psychologists, supervisors of counselors, and supervisors of psychologists all felt that learning disability cases were handled frequently, while social workers, supervisors of social workers, and principals felt that problems of this type were handled to some extent.

Supervisors of social workers and supervisors of psychologists believed that the problems dealing with peer relationships were handled to a great extent. Coordinators, counselors, and principals felt that problems of this nature were dealt with less frequently. Social workers, psychologists, and supervisors of counselors felt that this type of problem was handled in only a few cases.

Coordinators, counselors, and supervisors of psychologists indicated that students with educational and vocational problems were handled in some cases. Social workers, psychologists, and principals felt that these problems were handled only to a limited extent.

All evening center project personnel reported that parent interviews and case conferences were held frequently. Coordinators, counselors, and social workers indicated that intake interviewing was performed frequently. Psychologists reported that they conducted intake interviewing only in some cases.

Social workers and psychologists reported that they conducted therapy sessions often. Coordinators and counselors, on the other hand, indicated that they conducted therapy sessions very rarely.

Coordinators, counselors, and psychologists indicated that they administered paper and pencil testing in rare cases. Social workers felt that they performed this service very infrequently. Psychologists stated that they administered individual testing rather frequently. Coordinators and counselors performed this service very rarely, while social workers claimed that they never gave individual tests.

All evening center project personnel reported that they very rarely, if ever, conducted home visits. All evening center project personnel indicated that they were able to follow up cases that they referred or treated to some extent.

B. Teacher Training Program

One of the three types of activity specified in the project proposal was a teacher training program designed "to develop and foster the understanding of good mental health practices by the teachers in the nonpublic schools."* The teacher training course consisted of two series of eight sessions each.

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*Project proposal.

The first eight sessions were conducted by guidance specialists from the Bureau of Educational and Vocational Guidance under the leadership of Miss Frances E. Nederburg; the second series of eight sessions was conducted by specialists in social work and school psychology under the leadership of Dr. Paul Zwischka. Classes met in central locations in four of the five boroughs of New York City.

The first series, devoted to concepts and practices of guidance in schools, began on 14 February 1967 and ended on 11 April 1967. The second series, devoted to clinical concepts and practices, began on 18 April 1967 and ended 14 June 1967. A total of 239 nonpublic school teachers and principals registered for the teacher training course, and of this number 214 attended one or more sessions. Of the 25 teachers who failed to appear, eight were from one nonpublic school.*

Reasons given by participants for discontinuance or nonattendance were, in order of frequency: attendance at other classes, repetition of subject matter previously studied, the hours of class meetings, lack of college credit, lack of payment for class attendance (in 1966 teachers were given a stipend for class attendance), other duties, and illness. Of the 214 teachers who attended the first session of the first series, 130 attended the last session -- an attrition of 84 teachers. Class attendance was on a voluntary basis and during the first series ranged from 86 per cent to 46 per cent. Class size, ranging from 15 to 36, seemed to have little or no relation to attendance or to the degree of satisfaction expressed regarding the value of class sessions.

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*Data in this section were provided by Miss Frances E. Nederburg and Mrs. Marion Fullen.

The curriculum and course outlines were planned and organized prior to the beginning of the sessions and focused on general concepts of guidance, counseling, and mental health. Topics to be presented during the sessions with suggestions for implementation were provided to each instructor. Each instructor was experienced in teacher training, and methods and techniques of instruction differed in terms of individual skills, experience, professional background, and interests.

Films, film strips, and other visual aids were made available for class use; free instructional materials were provided for participants; bibliographies were prepared centrally and distributed; books, which later became the nucleus of a permanent resource library, were distributed to each training center for use by participants during the training sessions.

Evaluations of the value of the training sessions to the participants were made anonymously by them at the close of each series. Evaluations ranged from superficial ratings, such as "the instructor was a kind person," to deeply thoughtful responses that gave indication of positive change of attitude toward children and deeper understanding and insight into mental health approaches to classroom teaching. The great majority of participants rated the course highly satisfactory but did not hesitate to indicate ways in which the course could be improved or changed.

Not all recommendations for change or improvement made by the participants were in terms of substantive content of curriculum or content presentation, but reflected individual levels of understanding and needs. The hours at which classes met were criticized, and both earlier and later hours were recommended. Class attendance for some of the participants meant foregoing the evening meal. For others it meant travel from a disadvantaged area to a residence in another part of the city and travel again to the disadvantaged area.

Many of the participants noted the disparity of knowledge, training, skill, and interests of the participants and suggested that classes be organized according to educational background, experience, and interest in particular grade or age levels.

A number of participants recommended that courses be sponsored by a university and college credit be given. Some suggested that a certificate of attendance should be awarded; still others recommended that a stipend be paid for attendance. Almost all participants indicated a need for further help in "solving" classroom problems and for specific techniques for use with "acting out" children, at the same time indicating the recognition that specific answers could not be given.

A curious pattern of perception emerged in recommendations given by some participants. All teachers in the classes work in areas designated as "disadvantaged," but apparently some do not think of the children whom they teach as "disadvantaged children." A number suggested that the instructors plan class trips to "disadvantaged areas" or to " ghettos" to give teachers an opportunity to see where disadvantaged children live. A few suggested that films be shown portraying "disadvantaged children." One class member asked for ways by which a disadvantaged child could be identified!

This pattern raises the following questions: 1. If the teacher works in a disadvantaged area and does not recognize children as disadvantaged, is she treating the children as though they were middle class? 2. Are their perceptions real and are they working with children who are middle class even though they attend school in a disadvantaged area? 3. As a result of the teacher training program are they becoming increasingly aware of a need for more understanding of, and further insights concerning, the children and their way of life?

Interviews with principals of nonpublic schools elicited examples of change in the attitudes of teachers attending the course with corresponding changes in teachers' classroom behavior. From interviews with teachers, instructors, and principals of nonpublic schools as well as from the evaluations of participants, it is evident that the teacher training course had real and demonstrable value in promoting a mental health approach to teaching; in developing a deeper understanding of the disadvantaged child; in developing skills for freeing children to learn; in providing opportunities for the acquisition of clinical and guidance techniques for classroom use; and in learning to relate sociological concepts and methods to classroom living.

The committee recommends that the teacher training program be retained as an integral part of the clinical and guidance services offered to nonpublic schools. However, in order to strengthen its impact and outcomes, and thus provide maximal benefit to children in nonpublic schools through increased knowledge and preparation of their teachers, possible modification of existing course content and instructional practices should be considered to encourage further innovative methods of subject matter presentation. On the basis of interview and analysis of participants' evaluations, the committee suggests re-examination of the following aspects of the program:

Location of classes. There were indications that class attendance and holding power might be improved if classes were located "on site" in participating nonpublic schools as well as in public schools. Offering classes in both settings might provide information concerning both attendance and effectiveness of learning in familiar versus unfamiliar surroundings. Adequate space and comfort for the participants should be a primary concern.

Level of course. Experimentation with the academic level of courses is suggested, with consideration given to the academic preparation of the participants, prior courses, and experience. The possibility of courses as a continuation of the courses already completed in the program should be given consideration. It is suggested that some experimentation be attempted in offering courses for the study of disadvantaged adolescents and for the study of disadvantaged elementary school children, with the goal of refining and sharpening the mental health approaches that the teacher might use specifically with these differing age levels. Such experimentation should be planned rigorously, it would lend itself to pre - and post-evaluation of the effect of the teacher training program on the participants in relation to the original aims and purposes of the program.

Time. It is suggested that consideration be given to the hours at which classes are held to provide maximum convenience for nonpublic school personnel. Representatives of nonpublic school administrators should be able to suggest appropriate and convenient class times.

Instructors. Almost all participants commented on the knowledgeability and preparation of the instructors, with special mention made of the vitality, enthusiasm, and flexibility of certain instructors. The ability to make subject matter stimulating and meaningful was appreciated. Consideration should be given, however, to providing instructors with knowledge of the methods, procedures, and unique problems of nonpublic schools; the ability to relate mental health concepts to the nonpublic school setting; and skills in the psychosocial implications for the teacher working in disadvantaged areas.

C. Program Contributions

On the basis of the number of referrals received by the evening clinical and guidance centers, it is quite obvious that the center project was not widely utilized by the participating schools. This impression also manifested itself upon the members of the evaluating committee when they made their field visits.

The utilization of the centers, however, varied quite considerably. Some centers were quite busy and were indeed providing excellent services to the disadvantaged children within the neighborhood. Other centers were quite inactive and consequently could provide only minimal service to the children.

There were various reasons for this under-utilization. First, many participating schools did not know how to use the evening centers. They thought that the inschool worker would be able to provide all the clinical and guidance services needed by the children of their schools. Second, the shortage of psychologists prevented many schools from making referrals when they realized that no diagnostic testing would be available. Third, many parents were reluctant to go to some centers for a variety of reasons. Fourth, there was concern among some principals and parents that pupil participation in the services might attenuate the cultural and religious teachings of the school. Fifth, from observations and interviews there appeared to be little personal contact and little feedback from the centers to the participating schools. Hence the principals often were unaware of what was occurring in the evening program and consequently made little use of it.

The responses to the questionnaire items concerned with the program contributions and results are shown as weighted averages in Table 5 of Appendix A.

The principals, supervisory personnel, and the evening center staff members all reported that the reactions of the children, the parents, and the teachers were quite positive. Both the principals and the supervisors of counselors believed that the program made a very good contribution in enhancing the classroom teacher's acceptance and understanding of guidance and in improving the teacher's recognition of the presenting problem. The coordinators indicated that the program made a good contribution in these areas. Supervisors of social workers, supervisors of psychologists, counselors, social workers, and psychologists felt that the program made a fairly good contribution in this regard.

A similar pattern emerged on the questionnaire item dealing with improvement of the classroom teacher's attitude. Principals, guidance supervisors, and center coordinators all felt that the program made a good contribution in this area, while the other project personnel thought that the program made a more modest contribution toward improving the classroom teacher's attitude toward the children.

The evening center personnel reported that the evening program made a fairly good contribution toward improving the mental health climate of the participating schools. The principals and supervisory personnel, however, felt that this contribution was more modest.

On the questionnaire items concerned with the extent of observable changes noticeable among children, the project personnel and the principals of the participating schools felt that some modest changes could be seen. The project personnel and the principals indicated that in some cases observable changes took place in relationships with peers, relationships with teachers, personal appearance, school behavior or attitude, and academic grades. The coordinators, counselors, and supervisors of counselors all indicated that in some cases observable changes could be noticed in educational and occupational aspirations. All project personnel felt that rather limited changes could be observed in terms of standardized test results.

Both supervisory personnel and center staff members reported that the nonpublic schools made use of the services that they provided. The staff further indicated that the public schools also made some use of the services provided in the evening centers. However, they appeared to use the services less frequently.

Principals and supervisors reported that the evening center program made some contributions toward meeting the needs of the children referred. Staff members also felt that their program made a limited contribution in this area.

Supervisory personnel and most of the evening center staff felt that to some extent, they, were able to make the contribution which they had anticipated in this program. Social workers, on the other hand, reported that their contribution was more modest than they had anticipated.

The evening center personnel gave a rather good rating to the project. Supervisory personnel gave a more modest rating, and the principals indicated that the program was very good. All disciplines reported that they felt the project should be continued.

D. Overall Evaluation

The committee on evaluation has found that on the basis of observation, interview, and questionnaire, the project for Evening Guidance Centers for Disadvantaged Public and Nonpublic School Pupils has received overwhelming endorsement of the principals of the participating schools and the professional staff members participating in the project.

The reactions of the evening center personnel and principals are indicated in Tables 5 and 6.

TABLE 5

REACTIONS TO THE EVENING CENTER PROGRAM BY CENTER STAFFS, SUPERVISORS, AND CONSULTANTS

Evening Center Staff	Continue As Is	Continue with Modifications	Discontinue	Did not Evaluate	Total
Guidance Counselors[1]	28	95	7	0	130
Social Workers[2]	8	30	2	1	41
Psychologists[3]	2	20	0	0	22
Supervisors[4]	2	18	3	1	24
Psychiatrists	0	5	0	0	5
TOTAL	40	168	12	2	222
Percentage	18	76	5	1	100

[1] Includes 69 counselors who were coordinators.

[2] Includes 4 social workers who were coordinators.

[3] Includes 1 psychologist who was a coordinator.

[4] Includes 14 supervisors of counselors, 7 supervisors of social workers, and 3 supervisors of psychologists.

TABLE 6

REACTIONS TO THE EVENING CENTER PROGRAM BY NONPUBLIC SCHOOL PRINCIPALS

Nonpublic Day School Principals	Continue As Is	Continue with Modifications	Discontinue	Did not Evaluate	Total
Catholic	52	37	2	8	99
Jewish	3	1	0	2	6
Protestant	4	1	0	4	9
TOTAL	59	39	2	14	114
Percentage	52	34	2	12	100

Of the 222 professional staff members who completed the questionnaire, 94 per cent felt that the program should be continued. Forty of the respondents felt that the program should continue in its present form; 168 felt that the program should continue with modifications. Less than 5 per cent of the respondents believed that the program should be discontinued, and less than 2 per cent chose not to evaluate the program in these terms.

Principal reasons given for the endorsement of the project were that the program was perceived as a positive attempt to meet the mental health needs of children in disadvantaged areas and that it gave support, information, and aid to parents concerning their children's emotional, social, and educational welfare. The strong endorsement of the project did not prevent the staff and principals from recognizing and reporting weaknesses as well as strengths in the program, and suggesting modifications for future evening center programs.

Of the 114 school principals who returned the questionnaire, 86 per cent felt that the program should be continued. Fifty-nine principals felt that the program should be continued under its present operation; 39 recommended continuation with modifications. Two per cent of the principals felt that the program should be discontinued, and 12 per cent indicated that they could not evaluate the program.

V SUMMARY AND RECOMMENDATIONS

Under Title I ESEA, clinical and guidance services were provided in 137 evening centers in selected public schools in areas designated as disadvantaged in the five boroughs of New York City. The centers, offering psychiatric, psychological, social work, and guidance services to disadvantaged children attending public and nonpublic schools, were operated by two bureaus of the Board of Education of the City of New York: the Bureau of Child Guidance, and the Bureau of Educational and Vocational Guidance.

A teacher training program designed to develop and foster good mental health practices in nonpublic schools was held in eight schools by skilled and experienced clinical and guidance personnel as an integral part of the program of clinical and guidance services.

An evaluation of the services was conducted by the Center for Urban Education through the work of a committee of six psychologists and guidance specialists experienced in the problems of the disadvantaged in urban communities. The committee visited at random selected evening centers to observe the kind and extent of services rendered, to confer with staff members, to assay the communication and articulation between centers and participating schools, and to collect data relevant to the effectiveness of the program.

The committee also interviewed principals or administrative heads of participating schools to obtain data concerning their understanding of the goals of the project and their evaluation of the services provided by the evening centers. In addition to sampling by observation and interview, the committee collected extensive data through questionnaires and surveys. Questionnaires were distributed to all members of evening center staffs, the teacher training classes, supervisors, and principals of participating schools.

Findings and Recommendations

One hundred and thirty-seven evening centers were established in October 1966, and 125 were in operation in April 1967. Eight per cent, or 12, of the centers were closed because of under-utilization and the working hours of 18 others were reduced for the same reason. The 125 centers serviced 5,754 public and nonpublic school children for a total of 32,611 sessions.

Eight thousand eight hundred and ninety-four (8,894) parents or parent surrogates were interviewed for a total of 24,924 sessions. Interviewing of parents during evening hours and on such a broad scale was one of the unique benefits of the evening center service to children. Pupils from senior high schools were included also among those to whom service was given.

A team of each evening center personnel consisted of a guidance counselor, a social worker, a psychologist, and in some instances, a psychiatrist. One member of the team served as coordinator of the evening center. A total of 125 coordinators, 252 guidance counselors, 92 psychologists, 145 social workers, 40 supervisors, and 12 psychiatrists were employed at the centers. Each center had secretarial help and the services of an aide.

The majority of pupils seen at the centers were referred for "acting out" behavior, diagnosis of causes of educational underachievement, diagnosis of intellectual capacity, emotional problems, or poor parental or peer relationships.

Services rendered to the pupils were diagnosis, individual and group counseling, career and vocational information, educational guidance, parent counseling, teacher training, and teacher consultation. A survey was made of the center personnel and school administrators to ascertain their reactions to the structure, organization, implementation, contributions, and value of the evening center. Seven hundred and fifty questionnaires were distributed and 336 persons responded. Those who responded to the questionnaires were overwhelmingly in favor of continuation of the centers. Ninety-four per cent of the respondents endorsed a continuation of the program either in its present structure or with modifications. They noted the positive impact of the centers on both public and nonpublic school children and cited improvement in behavior of children, increased adjustment of children in learning situations, attitude changes in parents, ease and speed of processes of referral to outside agencies, and increased understanding of the special needs of disadvantaged children by their teachers.

Evaluation of a project so broad in scope and ambitious in objectives as the one under consideration necessarily was limited. The evaluation committee recognized the difficulty in measuring the project goals of an increase in a pupil's mental health, his self-concept, or his emotional and social stability with sufficient accuracy to support precise interpretation. The committee's task then became that of ascertaining how adults in the child's life perceived his adjustment to his home, his school situation, and his peer relationships and the influences which may be derived therefrom.

Respondents to the questionnaires concerning perceptions of the contributions made by the evening centers reported that there were observable positive changes in pupils as a result of the services offered, recommended the continuation of the centers, and made certain suggestions and recommendations for improvement. The evaluation committee as a result of observation, interview, and analysis of survey data also have prepared comments and recommendations.

The data in the preceding sections support the following recommendations either directly or by inference:

1. Clinical and guidance personnel assigned to evening centers should have specialized training to prepare for this service. Preplanning for this training should be completed well in advance of the opening of the centers, and representatives from participating schools should share actively in staff training. The purpose of this training should be the acquisition of knowledge

of the cultural mores and the religious beliefs of the children with whom they are to work and understanding of the unique needs of each group.

2. Evening centers servicing schools where English is a second language should be staffed, if possible, with professional persons fluent in the language and familiar with the culture of the school community. Where possible, center aides knowledgeable about the community should be employed to act as liasion persons between center and community, and when necessary act as interpreters. The purpose of this recommendation is to increase communication between child and project staff and between parent and project staff.

3. A major problem in providing clinical services in evening centers is staffing; therefore recruitment, particularly of psychologists and social workers, is crucial. Recruitment might be eased by more widespread publicity and increase in compensation commensurate with training and experience.

4. Communication and articulation problems at all levels were noted by the center coordinators as the greatest single problem of the evening centers. It is essential that future evening center programs provide time and opportunity for official communication between evening staffs, participating school staffs, inschool project staffs, and outside agencies.

5. Definition and description of role and function of each member of the clinical and guidance team of the evening center should be provided to the members of the team both in team conference and in writing. Such delineation of role and function will aid in avoiding duplication of service and misunderstanding of workers' functions and responsibilities.

6. Evening centers should report to participating schools on the status of ongoing cases. Interim reports should be submitted regularly and frequently. Conversely, participating schools should provide records of referred children as well as ongoing reports to the evening center.

7. Evening school centers should report to the participating schools, in writing, the attendance and nonattendance of referred children. Cooperation of participating schools should be available to ensure attendance of children and parents.

8. Re-examination of evening center hours should be made to ascertain whether more effective services could be given at other time periods and to ensure maximum utilization of centers.

9. Respondents recommended that the teacher training program be continued, preferably in participating schools, with fewer sessions and with emphasis on practical help to teachers in understanding and handling the classroom behavior of disadvantaged children of specific age and grade levels.

10. An experiment is recommended wherein a clinical and guidance team, having an evening center assignment as a full-time responsibility, uses three working hours in the evening center and the remainder of its working day for liaison with participating schools, conferring with inschool clinical and guidance staff, consulting with teachers, reporting and interpreting to participating school administrators, and referring cases to outside agencies.

The evaluation committee is agreed that the evening guidance centers for disadvantaged pupils have had a positive impact on the lives of the children serviced, on the staffs of the participating schools, and on the parents interviewed. Real problems of policy, implementation structure, and utilization of the centers have arisen and should be resolved through the combined open-minded efforts of nonpublic school leaders and the project planners.

The evaluation committee is agreed that experimentation and innovation should be tried in an attempt to find ways in which to implement the goals and objectives of the project maximally.

The designers of this project, the co-directors, supervisors, the professional staff, the leaders and staff of participating schools, and the users of the services aré all to be commended for their cooperation and willingness to work toward the fulfillment of the aims of the project.

APPENDIX A

TABLES

1 Articulation and Communication as Perceived by Evening Center Staff Members and Principals of Participating Schools

2 Working Environments and Facilities as Perceived by Evening Center Staff Members and Principals of Participating Schools

3 Services Offered as Perceived by Evening Center Staff Members and Principals of Participating Schools

4 Staff as Perceived by Evening Center Staff Members and Principals of Participating Schools

5 Program Contributions and Results as Perceived by Evening Center Staff Members and Principals of Participating Schools

TABLE 1 Articulation and Communication as Perceived by Evening Center Staff Members and Principals of Participating Schools

	Weighted Averages							
	Staff				Supervisors			
	Coord.	G.C.	S.W.	Psych.	G.C.	S.W.	Psych.	Prin.
	N=74	N=61	N=36	N=21	N=14	N=6	N=3	N=100
1. Awareness of Program's Objectives	3.6	3.3	3.1	3.2	3.7	3.7	3.7	3.5
2. Orientation to Role	3.0	2.7	2.1	2.9	3.1	2.7	3.3	3.0
3. Participating Schools' Understanding of Aims and Procedures	2.7	2.6	2.4	2.4	2.4	2.5	2.3	3.6
4. Assigned Personnel's Familiarity with Socio-economic Background of Students	3.7	3.6	3.3	3.3	3.5	3.6	2.7	3.1
5-8 Extent of Personal Contact with Staff Members of:								
5. Participating Public Schools	2.8	2.4	1.9	2.0	2.6	2.3	1.7	N/A
6. Participating Non-Public Schools	3.2	2.8	2.4	2.4	2.5	2.3	2.3	N/A
7. In-School Project	2.4	2.9	2.1	2.5	2.8	3.0	2.0	N/A
8. Evening Center Project	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3.2

TABLE 1 (Continued) -

	Coord.	G. C.	S. W.	Psych.	G. C.	S. W.	Psych.	Prin.
9-11 Communication between Center Staff and Staff Members of:								
9. Participating Public Schools	2.7	2.5	2.4	2.3	2.7	2.2	2.3	N/A
10. Participating Non-Public Schools	3.0	2.7	2.7	2.6	3.1	2.8	2.3	3.1
11. In-School Project	2.4	3.0	2.3	3.0	3.1	3.0	1.5	N/A
12-15 Extent of Planning with Staff Members of:								
12. Participating Public Schools	2.2	2.1	2.0	1.9	2.6	1.7	1.7	N/A
13. Participating Non-Public Schools	3.1	2.8	2.6	2.6	2.6	2.2	2.0	N/A
14. In-School Project	2.1	3.1	2.2	3.2	2.9	2.3	2.0	N/A
15. Evening Center Staff	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3.4
16-19 Extent of Difficulty in Working with Staff Members of:								
16. Participating Public Schools	1.5	2.7	1.5	1.6	1.6	2.5	3.0	N/A
17. Participating Non-Public Schools	1.9	2.8	1.9	1.8	2.0	2.2	3.0	N/A
18. In School Project	1.7	2.0	1.5	2.3	1.7	2.5	3.0	N/A
19. Evening Center Projects	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1.7
20. Adequacy of Referral Forms	3.0	3.3	2.4	2.3	3.2	3.3	3.7	3.3

TABLE 2 Working Environments and Facilities as Perceived by Evening Center Staff Members and Principals of Participating Schools

	Weighted Averages							
	Staff				Supervisors			
	Coord.	G.C.	S.W.	Psych.	G.C.	S.W.	Psych.	Prin.
	N=74	N=61	N=36	N=21	N=14	N=6	N=3	N=100
1. Physical Facilities	3.0	2.9	3.1	2.8	2.7	2.5	3.0	2.9
2. Supplies and Equipment	2.7	2.9	2.7	3.4	2.8	2.8	2.3	3.0
3. Location	3.4	3.6	3.5	3.5	2.9	3.2	3.3	3.0
4-8 Hours of Operations Effective for:								
4. Children	2.9	3.0	3.0	3.1	2.8	2.0	3.0	3.1
5. Parents	3.3	3.4	3.4	3.4	3.2	3.5	3.0	3.2
6. Public School Staff	1.5	1.4	1.5	1.6	2.0	2.0	2.0	N/A
7. Non-public School Staff	2.5	2.5	2.2	2.3	2.7	2.7	2.7	2.9
8. Outside Agencies	1.5	1.6	1.3	1.4	1.2	1.5	2.0	2.5
9-12 Weekly Time Schedule Effective for Contacts with:								
9. Children	3.1	3.1	3.1	3.2	3.5	2.0	2.3	N/A
10. Parents	3.3	3.4	3.3	3.3	3.6	2.0	2.3	N/A
11. Public Schools	1.8	1.8	1.7	1.4	2.1	2.5	1.3	N/A
12. Non-Public Schools	2.6	2.5	2.1	2.4	2.6	2.5	2.0	N/A

TABLE 3 Services Offered as Perceived by Evening Center Staff Members and Principals of Participating Schools

		Weighted Averages							
		Staff				Supervisors			
		Coord.	G.C.	S.W.	Psych.	G.C.	S.W.	Psych.	Prin.
		N=74	N=61	N=36	N=21	N=14	N=6	N=3	N=100
1-14	Extent of the Following Services Performed:								
	1. Diagnosing Problems of Children	3.6	3.5	3.3	3.7	2.3	3.5	4.0	3.2
	2. Consultation with Parents	3.8	3.9	3.6	3.3	2.5	2.0	4.0	3.4
	3. Educational and Vocational Guidance	3.0	3.2	2.2	2.2	3.3	-	4.0	2.9
	4. Counseling with Children	3.7	3.8	2.8	2.6	2.0	-	3.0	3.3
	5. Group Counseling	1.7	1.8	1.5	1.3	1.3	3.0	3.0	2.2
	6. Group Guidance	1.6	1.8	1.6	1.3	1.3	3.0	-	2.2
	7. Teacher Workshops	1.9	1.6	1.6	1.5	2.3	2.5	3.0	2.0
	8. Parent Meetings	2.4	3.4	1.8	1.8	2.4	2.0	2.0	2.5
	9. Referral to Other Agencies	2.6	2.4	2.4	2.3	2.3	-	3.0	2.5
	10. Case Conferences with School Staff	2.1	2.8	2.5	2.6	3.1	3.0	3.0	2.8
	11. Improve Classroom Climate	2.2	2.0	1.9	1.4	2.0	-	3.0	2.5

TABLE 3 (Continued) -

	Coord.	G.C.	S.W.	Psych.	G.C.	S.W.	Psych.	Prin.
12. Consult with Classroom Teachers	2.5	2.5	2.2	2.2	2.0	2.0	3.0	2.6
13. Therapy	2.1	1.9	3.0	2.5	1.0	3.0	3.0	2.5
14. Remedial Work	2.2	2.2	1.6	1.4	3.3	-	2.0	2.4
15-20 Presenting Problems:								
15. Learning Disabilities	3.2	3.3	2.8	3.3	3.3	2.5	4.0	2.4
16. Behavior Problems	3.6	3.6	3.3	3.0	3.3	3.5	4.0	3.2
17. Parent-child Relationships	3.3	3.4	3.4	2.7	3.3	3.5	4.0	2.9
18. Emotional Disorders	3.1	2.9	3.1	3.1	3.3	3.0	4.0	3.0
19. Peer Relationships	2.7	2.8	2.2	2.2	2.0	3.0	3.0	2.7
20. Educational or Vocational Problems	2.7	2.7	2.4	2.4	1.0	-	2.5	2.4
21-27 Professional Services Rendered:								
21. Intake Interviewing	3.6	3.5	3.0	2.6	-	2.0	-	N/A
22. Paper and Pencil Testing	2.0	2.2	1.1	2.2	-	-	-	N/A
23. Individual Testing	1.9	2.0	1.0	3.4	-	-	-	N/A
24. Home Visits	1.2	1.0	1.6	1.0	-	-	-	N/A
25. Parent Interviews	3.7	3.7	3.8	3.1	2.0	2.0	-	N/A

TABLE 3 (Continued) -

	Coord.	G.C.	S.W.	Psych.	G.C.	S.W.	Psych.	Prin.
26. Case Conference	3.6	3.4	3.2	3.2	3.7	3.0	-	N/A
27. Therapy Sessions	1.7	1.9	3.0	2.9	2.0	3.0	-	N/A
28. Follow-up	3.0	3.0	2.8	2.5	2.7	3.0	3.0	-

TABLE 4 Staff as Perceived by Evening Center Staff Members and Principals of Participating Schools

	Weighted Averages							
	Staff				Supervisors			
	Coord.	G.C.	S.W.	Psych.	G.C.	S.W.	Psych.	Prin.
	N=74	N=61	N=36	N=21	N=14	N=6	N=3	N=100
1. Qualification of Center Staff	3.7	3.9	3.2	3.4	3.1	3.5	3.0	N/A
2. Cooperation of Center Staff	3.8	3.8	3.4	3.4	3.2	3.3	2.7	N/A
3. Extent of Supervisory Consultation	3.3	3.3	2.3	1.9	3.6	3.6	3.3	N/A

TABLE 5 Program Contributions and Results as Perceived by Evening Center Staff Members and Principals of Participating Schools

	Weighted Averages							
	Staff				Supervisors			
	Coord.	G.C.	S.W.	Psych.	G.C.	S.W.	Psych.	Prin.
	N=74	N=61	N=36	N=21	N=14	N=6	N=3	N=100
1. Use of Services by Public Schools	2.6	2.4	2.3	2.5	2.2	2.4	2.7	N/A
2. Use of Services by Non-Public Schools	3.4	3.3	3.3	3.6	2.8	3.4	3.3	3.0
3. Meeting Children's Needs	3.0	3.0	2.8	2.5	3.1	3.0	3.0	3.1
4. Reaction of Children	3.6	3.6	3.3	3.4	3.2	3.2	3.5	3.1
5. Reaction of Parents	3.6	3.6	3.3	3.4	3.2	3.2	3.5	3.0
6. Reaction of Classroom Teachers	3.2	3.2	3.2	2.9	3.6	2.7	3.0	3.4
7. Perception of Changes in Children	2.9	2.9	2.9	2.8	2.6	2.7	3.0	2.6
8-14 Extent of Observable Changes in:								
8. Relationships with Peers	2.6	2.5	2.6	2.5	2.5	3.0	3.0	2.4
9. Relationships with Teachers	2.7	2.5	2.7	2.2	2.5	2.5	3.0	2.5
10. Personal Appearance	2.7	3.0	2.8	2.3	2.5	3.0	3.0	2.4
11. School Behavior or Attitude	2.9	2.8	2.8	2.4	3.0	3.0	3.0	2.5
12. Academic Grades	2.7	2.7	2.7	2.7	3.0	2.5	3.0	2.2

TABLE 5 (Continued) -

	Coord.	G.C.	S.W.	Psych.	G.C.	S.W.	Psych.	Prin.
13. Standardized Test	2.1	2.2	2.3	1.5	2.5	-	-	2.1
14. Occupational or Educational Aspirations	2.5	2.5	2.2	2.1	2.5	2.0	-	2.3
15. Improvement of Mental Health Climate	2.8	2.8	2.6	2.5	2.3	2.7	2.5	2.5
16. Improving Teacher's Attitude	2.8	2.7	2.5	2.2	2.4	2.3	2.5	2.9
17. Enhancement of Teacher's Understanding and Acceptance of Guidance	3.0	2.9	2.7	2.6	3.5	2.6	2.5	3.3
18. Improvement of Teacher's Recognition of Presenting Problems	2.9	2.6	2.5	2.6	3.5	2.5	2.5	3.1
19. Overall Evaluation	3.3	3.2	2.8	3.0	2.9	2.8	2.7	3.4
20. Contribution Made	3.0	3.1	2.6	3.0	2.9	3.2	2.7	3.0
21. Continuation of Project	3.5	3.5	3.2	3.4	3.1	4.0	3.5	-

Appendix B - INSTRUMENTS

EVENING GUIDANCE CENTERS FOR DISADVANTAGED PUPILS OF PUBLIC AND NON PUBLIC SCHOOLS

List of Instruments

Observation Guide for Evening Centers B1

Interviewing Guide for Use with Parochial School Administrators B11

Questionnaire for Evening Center Personnel B16

Questionnaire for Non Public School Principals B28

Questionnaire for Supervisory Personnel B38

CENTER FOR URBAN EDUCATION

Evaluation of Clinical and Guidance Services
for Public and Non-Public Schools

Project 18A

Observation Guide for Evening Centers

Center: .... Date: ....

Coordinator:.................................... Did Center function 1966 ......

Personnel interviewed or observed:

1.

2.

3.

I. DESCRIPTION OF CENTER STAFF

1. Number of staff members ....

2. Profession of staff members

   a. Coordinator:

   b.

   c.

   d.

3. Number of days each staff member works:

   a. Coordinator:

   b.

   c.

   d.

   e.

   f.

   g.

   h.

4. Functions performed by coordinator:

Note: On original questionnaire, questions calling for extended comments allowed considerably more space than is shown here.

5. Functions performed by other staff members:

   a. Counselors:

   b. Psychologists:

   c. Psychiatrists:

   d. Social Workers:

   e. Supervisors:

II. KINDS OF ACTIVITIES IN WHICH CENTER IS INVOLVED:

	Yes	No
1. Psychological Diagnosis	.....	.....
2. Diagnosis of Learning Problems	.....	.....
3. Individual Counseling	.....	.....
4. Parent Counseling	.....	.....
5. Group Counseling	.....	.....
6. Teacher Conferences	.....	.....
a. Individual	.....	.....
b. Group	.....	.....

II. KINDS OF ACTIVITIES IN WHICH CENTER IS INVOLVED (cont'd.):

	Yes	No
7. Non-public or public school staff meetings		
a. non-public	.....	.....
b. public	.....	.....
8. Case conferences	.....	.....
9. Vocational Information and Counseling	.....	.....
10. Short-term psychological counseling	.....	.....
11. Remedial instruction	.....	.....
12. Other		
a.	.....	.....
b.	.....	.....
c.	.....	.....

III. FACILITIES

1. Physical Facilities

a. Description of facilities (number of rooms, size and condition of rooms, waiting room facilities, heat, light, cleanliness, cooperation of building staff, protection for personnel and clients, etc.)

III. FACILITIES (cont'd.)

b. Over-all rating of physical facilities on five-point scale:

Excellent ....

Good ....

Adequate ....

Fair ....

Poor ....

2. Equipment

a. Description of equipment
(Note such equipment as testing equipment, filing cabinets, storage facilities, play equipment, expendables, telephone service)

b. Over-all rating of equipment on five-point scale:

Excellent ....

Good ....

Adequate ....

Fair ....

Poor ....

IV. RECORDS

1. Where are records maintained?

2. Who is responsible for security and confidentiality of records?

3. What safeguards are maintained for confidentiality of records?

   a. Within the center.

   b. In the sending schools.

4. Who compiles and is responsible for completeness of records?

5. Are more than one set of records maintained on each client? If so, by who and what types of records?

6. What types of reports are made to sending schools?

7. What is the policy of the center in transmitting information from records to referral agencies?

8. What type of records are received from non-public or public schools?

   a. Non-public:

   b. Public:

V. USE OF REFERRAL RESOURCES

1. To what extent are referrals made to community resources?

A great many .... Many .... Only extreme cases .... Few .... None ....

2. List kinds of community resources used:

V. USE OF REFERRAL RESOURCES (cont'd.)

3. Are there any difficulties in referring client?
   If so, state them.

4. Does access to referral to evening center fill a need not met by day clinical and guidance programs?
   If so, how?

   a. In non-public schools?

   b. In public schools?

5. How are referral procedures implemented?

   a. Direct referral .....

   b. Referral through supervisors .....

6. By whom are referrals made?

   a. Coordinator .....

   b. Counselor .....

   c. Psychologist .....

   d. Social worker .....

   e. Supervisors .....

7. What plans are under way for follow-up on referred cases?

VI. HOLDING POWER OF CENTER

1. Staff

   a. How many different staff members have been in center during 1966-1967 operation? ......

   b. What are reasons for staff changes?

VI. HOLDING POWER OF CENTER (cont'd.)

2. Clients

   a. What is average number of sessions for clients? .....

   b. Have all clients returned for scheduled appointments? .....

   c. What reasons does center staff feel are responsible for non-returns?

   d. What proportion of children referred by non-public and public schools do not keep initial appointment? .....

   e. What follow-up is done?

   f. Which kinds of agency referral seem to be most effective with clients? With parents?

VII. STAFF RELATIONSHIPS

1. Does staff appear to be working as a team? Illustrate.

2. What difficulties are encountered in using team approach?

3. How does the staff view the role of the coordinator?

4. Are staff conferences held on each child?

   Yes ..... No .....

VII. STAFF RELATIONSHIPS (cont'd.)

5. Which staff member is ultimately responsible for case disposition?

6. Who is responsible for intake procedures?

VIII. PSYCHIATRIC CONSULTATION

1. What is the role of the psychiatrist in this Center?

2. How often does psychiatrist visit Center?

3. Does he hold, or attend, case conferences?

   yes ...... no ......

4. Does he hold conferences with parents?

   yes ...... no ......

IX. REPORTING PROCEDURES

1. Who, on the center team, reports to parents?

2. Who is responsible for transmitting information or reporting to sending school?

3. Is reporting done routinely? ......

   After how many interviews? ......

4. What are the informing and reporting procedures?

X. RELATIONSHIP OF CENTER STAFF TO IN-SCHOOL COUNSELOR AND SOCIAL WORKER

1. Has there been direct contact between non-public school and Center?

   yes ...... no ......

2. If so, by whom was contact initiated?

   Center ...... Non-Public School ......

X. (cont'd.)

3. If contact was made, what was the purpose of contact?

4. What follow-up to contact has there been?
    a. With non-public school counselor or social worker.

    b. With non-public school principal or principal deputy?

XI. RELATIONSHIP OF CENTER STAFF TO PUBLIC SCHOOL GUIDANCE AND CLINICAL PROGRAMS.

1. Has there been direct contact between public school and Center

Yes ..... No .....

2. If so, by whom was contact initiated?

Center ..... Public School .....

3. If contact was made, what was the purpose of contact?

4. What follow-up to contact has there been?
    a. With public school clinical and guidance personnel.

    b. With public school principal or principal deputy.

Reporter:.......................................

CENTER FOR URBAN EDUCATION

Evaluation of Clinical and Guidance Services to Non-Public Schools

1966 - 1967

Interviewing Guide for Use with Parochial School Administrators

Please distinguish between responses relevant exclusively to in-school guidance services in comparison with center services.

1. What does administrator hope from program?

2. Does administrator feel the children in his school are receiving these services? Yes No

3. What services are being given to the school through the clinical-guidance services?

    a. Which are for all pupils?

    b. which are for atypical pupils?

4. What changes are taking place in the school in the following areas as a result of services rendered:

    a. Administration

    b. Staff

    c. Community (parents, agencies)

#2

d. Children

e. Curriculum

5. Administrators' opinion of efficacy of in-school service compared with out-of-school centers.

6. How does the parochial school administrator perceive the role and function of the services offered

   a. in-school

   b. center

7. Articulation and communication between parochial school and center

   a. What orientation concerning centers has there been for parochial school staff:

      1. from project administration

#3

2. from parochial school administration

3. from center administration

b. Do staff members confer with center staff members? Yes No

c. Does center staff ask for and consider school recommendations? Yes No

d. What type and amount of feed-back comes from the out-of-school center?

e. Do staff members participate in case conferences? Yes No

8. Referrals

a. Are more children referred to agencies since program began? (% referred) Yes No

b. What type of referrals are made?

Medical, psychiatric, social agency, courts

c. Socio-economic level of children referred

1. Are they typical of school population? Yes No

2. Are they typical of community? Yes No

d. Do parents follow recommendations for referral to a greater extent than before? Yes No

e. In which school grades have most referrals occurred? ....

f. Have more boys or girls been referred? ....

g. What are ages of children referred? ....

h. Is there a waiting list of children referred? Yes No

#4

i. If children have not been referred to centers, why not?

9. Changes in children resulting from the program, as perceived by parochial school administrator

a. Changes in peer relationships.

b. Educational changes.

c. Adjustment to classroom and school.

d. Decline in functioning level?
Improvement in functioning level?

e. Changes in play?

f. Changes in personal appearances?

10. Parental response to program:

a. What is parents' attitude toward in-school services offered:

#5

b. Do parents cooperate? Yes No

c. What is parents' attitude toward referral to center?

d. How are parents prepared for referral? When, by whom, how far in advance?

e. What are areas of resistance to service if any?

f. Has there been any demonstrable change in family attitude because of services rendered?

11. In-service training program

a. How many staff members are participating? ....

b. Would more staff members participate if given the opportunity? Yes No

c. How are staff members chosen for in-service program?

d. What recommendations does principal have for in-service training?

CENTER FOR URBAN EDUCATION
33 West 42nd St.
New York, N.Y. 10036

Evaluation Committee for Clinical and Guidance Services

Title I Projects 18A

QUESTIONNAIRE FOR EVENING CENTER PERSONNEL

Name .... Center ....

Title at Center .... Employment Dates: From..........To......

Regular Position: Title .... School Level..................

Directions:

For each question on the following pages, select your response from one of the coded lists of response options shown below. Mark the code number corresponding to your choice on the line to the right of each question.

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge,	etc.	
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Code	Possible Response Options				
0	Not applicable,	cannot respond,	insufficient knowledge,		etc.
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

1. To what extent are you aware of the objectives of this program as stated in the project proposal? 1. ......

2. To what extent were you oriented to the specific role that you were expected to perform at your Center? 2. ......

3. To what extent were you familiar with the socio-cultural background of the student population you were expected to serve? 3. ......

4. To what extent did your sending schools understand the aims and procedures of the Center? 4. ......

5 - 7. To what extent have you had personal contact with staff members of the:

5. participating public schools? 5. ......

6. participating non-public schools? 6. ......

7. in-school project? 7. ......

8 - 10. How would you rate the communication between center staff and the staff members of the

8. participating public schools? 8. ......

9. participating non-public schools? 9. ......

10. in-school project? 10. ......

11 - 13. To what extent were the services that you offered planned in cooperation with the staff members of the:

11. participating public schools? 11. ......

12. participating non-public schools? 12. ......

13. in-school project? 13. ......

14 - 16. To what extent did you experience difficulty in working with staff members of the:

14. participating public schools? 14. ......

15. participating non-public schools? 15. ......

16. in-school project? 16. ......

Code	Possible Response Options				
0	Not applicable,	cannot respond,	insufficient knowledge,		etc.
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

17. To what extent did the public schools make use of the services provided? 17. ......

18. To what extent did the non-public schools make use of the services provided? 18. ......

19 - 33. To what extent did you perform the following services:

19. Diagnosing problems of children 19. ......

20. Consultation with parents 20. ......

21. Educational and vocational guidance 21. ......

22. Counseling with children 22. ......

23. Group counseling 23. ......

24. Group guidance 24. ......

25. Teacher workshops 25. ......

26. Parent meetings 26. ......

27. Referral to other agencies 27. ......

28. Case conferences with school staff 28. ......

29. Improve classroom climate 29. ......

30. Consult with classroom teachers 30. ......

31. Therapy 31. ......

32. Remedial work 32. ......

33. Other please indicate: 33. ......

34 - 40. To what extent did you handle the following kinds of cases (presenting problems):

34. Learning disabilities 34. ......

35. Behavior problems 35. ......

36. Parent-child relationships 36. ......

37. Emotional disorders 37. ......

Code	Possible Response Options				
0	Not applicable,	cannot respond,	insufficient knowledge,		etc.
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

34 - 40. (cont'd.)

38. Peer relationships 38. ......

39. Educational or vocational problems 39. ......

40. Other please indicate: 40. ......

41. To what extent were the physical facilities conducive to a good working environment? 41. ......

42. To what extent were the necessary supplies and equipment available for your use? 42. ......

43. To what extent does the Center's location facilitate contact with prospective clients? 43. ......

44 - 48. To what extent were your daily hours of work conducive to effective contacts with the:

44. children? 44. ......

45. parents? 45. ......

46. participating public school staffs? 46. ......

47. participating non-public school staffs? 47. ......

48. outside agencies? 48. ......

49 - 53. To what extent did your weekly time schedule allow you to make effective contacts with the

49. children? 49. ......

50. parents? 50. ......

51. center staff? 51. ......

52. participating public school staffs? 52. ......

53. participating non-public school staffs 53. ......

54. To what extent were the referral forms adequate for proper handling of the cases? 54. ......

55. How would you rate the qualifications of the center staff members as a group? 55. ......

56. How would you rate the cooperation of the center staff members as a group? 56. ......

Code	Possible Response Options				
0	Not applicable,	cannot respond,	insufficient knowledge,		etc.
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page: Evening Center Personnel

57. To what extent was supervisory consultation available on a regular basis? 57. ......

58 - 64. To what extent did you perform the following professional services related to your own discipline?

58. Intake interviewing 58. ......

59. Paper and pencil testing 59. ......

60. Individual testing 60. ......

61. Home visits 61. ......

62. Parent interviews 62. ......

63. Case conference 63. ......

64. Therapy sessions 64. ......

65. To what extent did the Center meet the needs of the children referred? 65. ......

66. To what extent were you able to follow-up cases that you referred or treated? 66. ......

67. How did the children react to the services offered? 67. ......

68. How did the parents react to the services offered? 68. ......

69. How did the participating teacher react to the services offered? 69. ......

70. To what extent were you able to perceive any changes in pupils with whom you worked? 70. ......

71. - 77. To what extent did you observe changes taking place among children in

71. relationships with peers? 71. ......

72. relationships with teachers? 72. ......

73. personal appearance? 73. ......

74. school behavior or attitude? 74. ......

75. academic grades? 75. ......

76. standardized test scores? 76. ......

77. occupational or education aspirations? 77. ......

Code	Possible Response Options				
0	Not applicable,	cannot respond,	insufficient knowledge,		etc.
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

78. To what extent were your activities contributory to improving the mental health climate of your sending school? 78. ......

79. To what extent were you able to influence the attitudes of the staffs of sending schools toward children? 79. ......

80. To what extent do you feel you made a contribution toward improving the teachers' attitudes toward children? 80. ......

81. To what extent do you feel you were able to enhance the teacher's understanding of guidance services? 81. ......

82. To what extent do you feel you were able to increase the teacher's acceptance of guidance services? 82. ......

83. To what extent were you able to improve the teacher's recognition of the more important presenting problems of children? 83. ......

84. How would you evaluate the overall project? 84. ......

85. Were you able to make the contribution that you anticipated? 85. ......

86. To what extent do you think the present in-school program should be continued? 86. ......

87. What have been the greatest problems, in your opinion, to the implementation of this project?

88. What recommendations to you suggest to improve the operation of the project?

89. What is your recommendation regarding continuation of the Evening Centers? (Please check one)

Continue as is ......

Continue with modifications ......

Discontinue ......

Please state the major reasons for your recommendation:

THANK YOU FOR YOUR PARTICIPATION IN THIS EVALUATION.

CENTER FOR URBAN EDUCATION
33 West 42nd St.
New York, N.Y. 10036

Evaluation Committee for Clinical and Guidance Services

Title I Projects 18A and 18B

QUESTIONNAIRE FOR NON-PUBLIC SCHOOL PRINCIPALS

Name .... School ....

Title .... Affiliated Center ....

Directions:

a. For each question on the following pages, select your response from one of the coded lists of response options shown below. Mark the code number corresponding to your choice on the line to the right of each question.

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge,	etc.	
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

b. For each question, please respond where appropriate for both the Evening Guidance Program and the In-School Guidance Program.

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge,		etc.
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

For each question, please respond where appropriate for both the Evening Guidance Program and the In-School Guidance Program.

Principals' Questionnaire 2.

Please mark responses according to code on facing page:

		I Evening Guidance Program	II In-School Guidance Program
1. To what extent are you aware of the objectives of these programs as stated in the project proposals?	1.	......	......
2. To what extent did you understand the aims and procedures of these programs?	2.	......	......
3. To what extent were you oriented to the specific role that you were expected to perform in these programs?	3.	......	......
4. To what extent were the assigned personnel familiar with the socio-cultural background of your student population?	4.	......	......
5. To what extent have you had personal contact with professional staff members of each of the programs?	5.	......	......
6. How would you rate the communication between the program staff and member of your school staff?	6.	......	......
7. To what extent were the services offered by these programs planned in cooperation with your school?	7.	......	......
8. To what extent did you experience difficulty in working with the programs and their staffs?	8.	......	......
9. To what extent did your school make use of the services provided by these programs?	9.	......	......
10. To what extent were the physical facilities provided conducive to a good working environment?	10.	......	......
11. To what extent were the necessary supplies and equipment available for personnel involved in the program?	11.	......	......
12. To what extent does the Center's location facilitate contact with your pupils?	12.	......	...0..
13 - 18. To what extent were the hours of operation of the evening center conducive to effective contacts by center personnel with:			
13. children?	13.	......	...0..
14. parents?	14.	......	...0..
15. yourself?	15.	......	...0..
16. your staff?	16.	......	...0..

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge,		etc.
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

For each question, please respond where appropriate for both the Evening Guidance Program and the In-School Guidance Program.

Principal's Questionnaire

Please mark responses according to code on facing page:

	I Evening Guidance Program	II In-School Guidance Program
13 -18. (cont'd.)		
17. outside agencies?	17.	...0..
18. in-school programs?	18.	...0..
19 - 24. To what extent did the time schedule of your in-school assigned personnel allow them to make effective contacts with:		
19. children?	19. ...0..	......
20. parents?	20. ...0..	......
21. yourself?	21. ...0..	......
22. your staff?	22. ...0..	......
23. center staff?	23. ...0..	......
24. outside agencies?	24. ...0..	......
25. To what extent were referral forms adequate for proper handling of cases?	25.	......
26. How would you rate the cooperation of the various program staff members?	26.	......
27 - 41. To what extent did the programs provide the following services?		
27. Diagnosing problems of children	27.	......
28. Consultation with parents	28.	......
29. Educational and vocational guidance	29.	......
30. Counseling with children	30.	......
31. Group counseling	31.	......
32. Group guidance	32.	......
33. Teacher workshops	33.	......
34. Parent meetings	34.	......
35. Referral to other agencies	35.	......
36. Case conferences with school staff	36.	......
37. Improvement of classroom climate	37.	......
38. Consultation with classroom teachers	38.	......

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge,	etc.	
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

For each question, please respond where appropriate for both the Evening Guidance Program and the In-School Guidance Program.

Please mark responses according to code on facing page:

		I Evening Guidance Program	II In-School Guidance Program
27 -41 (cont'd.)			
39. Therapy	39.	......	......
40. Remedial work	40.	......	......
41. Other please indicate:	41.	......	......
42 - 48. To what extent did the programs handle the following kinds of cases (presenting problems)?			
42. Learning disabilities	42.	......	......
43. Behavior problems	43.	......	......
44. Parent-child relationships	44.	......	......
45. Emotional disorders	45.	......	......
46. Peer relationships	46.	......	......
47. Educational or vocational problems	47.	......	......
48. Other please indicate:	48.	......	......
49. To what extent did the programs meet the needs of the children referred by your school?	49.	......	......
50. What was the reaction of the children to the services offered?	50.	......	......
51. What was the reaction of the parents to the services offered?	51.	......	......
52. What was the reaction of your staff to the services offered?	52.	......	......
53. To what extent were you able to perceive any changes in students referred to either program?	53.	......	......

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge,		etc.
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

For each question, please respond where appropriate for both the Evening Guidance Program and the In-School Guidance Program.

Please mark responses according to code on facing page:	I Evening Guidance Program	II In-School Guidance Program
54 - 60. As a result of these programs, to what extent did observable changes take place among children in:		
54. relationships with peers?	54.	......
55. relationships with teachers?	55.	......
56. personal appearance?	56.	......
57. school behavior or attitude?	57.	......
58. academic grades?	58.	......
59. standardized test scores?	59.	......
60. occupational or educational aspirations?	60.	......
61. To what extent did the activities in these programs contribute to improving the mental health climate of your school?	61.	......
62. To what extent did these programs make a contribution toward improving your staff's (teachers') attitudes toward children?	62.	......
63. To what extent did these programs enhance your staff's (teachers') understanding of guidance services?	63.	......
64. To what extent did these programs improve your staff's (teachers') acceptance of guidance services?	64.	......
65. To what extent did these programs improve your staff's (teachers') recognition of the more important presenting problems of children?	65.	......
66. What is your evaluation of the project?	66.	......
67. To what extent did the programs make the contribution that you anticipated?	67.	......

68. What have been the greatest problems, in your opinion, in the implementation of these projects?

69. What recommendations do you suggest to improve the operation of these projects?

70. What is your recommendation regarding continuation of these projects? (Please check one in each column.)

	Evening Centers	In-School Program
Continue as is	....	....
Continue with modifications	....	....
Discontinue	....	....

Please state the major reasons for your recommendations.

THANK YOU FOR YOUR PARTICIPATION IN THIS EVALUATION.

CENTER FOR URBAN EDUCATION
33 West 42nd Street
New York, New York

To: Supervisors of Projects 13A & 18B

From: Evaluating Committee, Clinical and Guidance Services to Non-Public Schools

The evaluating committee had hoped that the flexible use of the questionnaire for Evening Center Personnel by the Supervisors would enable the committee to obtain necessary information and at the same time minimize the amount of work entailed in completion of forms.

However, many supervisors have indicated that the use of the aforementioned form is inadequate for a valid evaluation of the centers or in-school programs they supervised.

A new form has been constructed, therefore, and a sufficient number is being sent to you to enable you to complete a form for each of the centers and/or in school programs you supervised.

Since there must be conformity in the form used by supervisors, will you please complete these forms even though you have already returned a form.

Please return the forms as soon as possible to:

The Center for Urban Education
33 West 42nd Street
New York, N.Y.

Projects 18A & 18B

CENTER FOR URBAN EDUCATION
33 West 42nd St.
New York, N.Y. 10036

Evaluation Committee for Clinical and Guidance Services

Title I Projects 18A & 18B

QUESTIONNAIRE FOR SUPERVISORY PERSONNEL

Name......................................Center/School......................

Discipline............................Employment Dates: From.......To.......

Regular Position Title......................School Level....................

Directions:

For each question on the following pages, select your response from one of the coded lists of response options shown below. Mark the code number corresponding to your choice on the line to the right of each question. Questions on the last pages require brief opinion responses. These responses will be accorded particular attention by the committee.

Code	Possible Response Options				
0	not applicable	cannot respond	insufficient knowledge		etc
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Code	Possible Response Options				
0	not applicable, cannot respond, insufficient knowledge, etc.				
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

1. To what extent are you aware of the objectives of this program as stated in the project proposal? 1. ....

2. To what extent were you oriented to the specific role that you were expected to perform? 2. ....

3. To what extent were you familiar with the socio-cultural background of the student population your staff was expected to serve? 3. ....

4-5. To what extent did the staffs of your participating schools understand the aims and procedures

4. of the Center? 4. ....

5. of the In-School project? 5. ....

6-9. To what extent have you had personal contact with staff members of the:

6. participating public schools? 6. ....

7. participating non-public schools? 7. ....

8. in-school project? 8. ....

9. evening centers? 9. ....

10-12. How would you rate the communication between center staff and the staff members of the:

10. participating public schools? 10. ....

11. participating non-public schools? 11. ....

12. in-school project? 12. ....

13-16. To what extent were the services that you offered planned in cooperation with the staff members of the:

13. participating public schools? 13. ....

14. participating non-public schools? 14. ....

15. in-school project? 15. ....

16. center? 16. ....

Code	Possible Response Options				
0	not applicable, cannot respond, insufficient knowledge, etc.				
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

17-20. To what extent did you experience difficulty in working with staff members of the:

17. participating public schools? 17. ....

18. participating non-public schools? 18. ....

19. in-school project? 19. ....

20. center? 20..........

21. To what extent did the public schools make use of Center services provided? 21. ....

22. To what extent did the non-public schools make use of the services provided? 22. ....

23-37. To what extent did the personnel you supervised perform the following services:

23. Diagnosing problems of children 23. ....

24. Consultation with parents 24 ....

25. Educational and vocational guidance 25. ....

26. Counseling with children 26. ....

27. Group counseling 27. ....

28. Group guidance 28. ....

29. Teacher workshops 29. ....

30. Parent meetings 30. ....

31. Referral to other agencies 31. ....

32. Case conferences with school staff 32. ....

33. Improve classroom climate 33. ....

34. Consult with classroom teachers 34. ....

35. Therapy 35..........

36. Remedial work 36. . ...

37. Other: please indicate 37. ....

Code	Possible Response Options				
0	not applicable, cannot respond, insufficient knowledge, etc.				
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

38-44. To what extent did the personnel you supervised handle the following kinds of cases (presenting problems):

38. Learning disabilities 38. ....
39. Behaviour problems 39. ....
40. Parent-child relationships 40. . ...
41. Emotional disorders 41 ....
42. Peer relationships 42. ....
43. Educational or vocational problems 43 ....
44. Other: please indicate 44. .. ..

45. To what extent were the physical facilities conducive to a good working environment? 45. ....

46. To what extent were the necessary supplies and equipment available for use? 46. ....

47. To what extent does the Center's location facilitate contact with the prospective clients? 47. ....

48-52. To what extent were your daily hours of work conducive to effective contacts with the:

48. center staff 48. ....
49. in-school project 49. ....
50. participating public school staff 50. ....
51. participating non-public school staff 51. ....
52. outside agencies 52. ....

53-56. To what extent did your weekly time schedule allow you to make effective contacts with the:

53. center staff 53. ....
54. in-school project staf 54. ....
55. participating public school staff 55. ....
56. participating non-public school staffs 56. ....

Code	**Possible Response Options**				
0	not applicable, cannot respond, insufficient knowledge, etc.				
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

57. To what extent were the referral forms adequate for proper handling of the cases? 57. ....

58. How would you rate the qualifications of the center staff members as a group? 58. ....

59. How would you rate the cooperation of the center staff members as a group? 59. ....

60. How would you rate the qualifications of the in-school project staff? 60. ....

61. How would you rate the cooperation of the in-school project staff? 61. ....

62. To what extent was your supervisory consultation available on a regular basis to your staff? 62. ....

63-66. To what extent did you perform the following supervisory services:

- 63. supervision of professional work with clientele? 63. ....
- 64. supervision of administrative procedures? 64. ....
- 65. consultation on inter-disciplinary relationships? 65. ....
- 66. Other: please indicate 66. ....

67. To what extent do you feel the Center met the needs of children referred? 67. ....

68. To what extent was your staff able to follow up cases that were referred or treated? 68. ....

69. How did the teachers of referred children react to the services offered? 69. ....

70-73. To what extent did the psychiatrist contribute to the:

- 70. center staff 70. ....
- 71. children 71. ....
- 72. parents 72. ....
- 73. supervisors 73. ....

Code	Possible Response Options				
0	not applicable, cannot respond, insufficient knowledge, etc.				
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

74-75. How would you evaluate the over-all services rendered by the:

74. center — 74. ....

75. in-school project — 75. ....

76. How would you define the role of the supervisor in projects of this nature?

77. To what extent were you able to fulfill the role you defined?

78. What were the greatest strengths, in your opinion, of the project?

79. What have been the greatest problems, in your opinion, of the project?

80. What recommendations do you suggest to improve the operation of the project?

81. What is your recommendation regarding continuation of the Evening Centers? (Please check one)

Continue as is ____________

Continue with modifications ____________

Discontinue ____________

Please state the major reasons for your recommendations concerning Evening Centers:

82. What is your recommendation regarding continuation of the In-school Project? (Please check one)

Continue as is ____________

Continue with modifications ____________

Discontinue ____________

Please state the major reasons for your recommendation concerning the In-school Project?

THANK YOU FOR YOUR PARTICIPATION IN THIS EVALUATION.

APPENDIX C

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APPENDIX C

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